MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11852

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4804 3904 Benson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS 4804 3904 Benson Ave. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) IRVIN (Last) ANDERSON

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: June 2, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): stock clerk

10b. KIND OF BUSINESS OR INDUSTRY: automobile

11. BIRTHPLACE (State or foreign country): maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Anderson

14. MOTHER'S MAIDEN NAME: Harnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1st WW

16. SOCIAL SECURITY No.: unknown.

17. INFORMANT & ADDRESS: Wife - 3904 Benson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebro-Vascular Hemorrhage — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — 7

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION none — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none — (CITY OR TOWN) none — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 29 Dec, 1953, to 30 Dec 1953, that I last saw the deceased alive on 30 Dec, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Goodman, M.D — ADDRESS 1334 Sulphur Spring Rd — DATE SIGNED 31 Dec 53.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Jan 2-1954 — NAME OF CEMETERY OR CREMATORY Baltimore — LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR January 2 1954 — REGISTRAR'S SIGNATURE R.W

24. FUNERAL DIRECTOR Wm Cook Inc — ADDRESS 1117 St Paul St

VS.-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11853

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 19 hours
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — 00-01-4
   STREET ADDRESS (If rural give location): 2103 Erdman Avenue

3. NAME OF DECEASED: (First) GEORGE (Middle) (NMI) (Last) ATWELL
   (Type or Print)

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-5-89

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Clerk - Intelligence

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Stephen Atwell

14. MOTHER'S MAIDEN NAME: Susanna Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I & II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

Immediate cause (a) RUPTURE OF ANEURYSM OF ABDOMINAL AORTA — Interval Between Onset And Death: 12 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROSIS — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16, 1953, 11:00 A. M. to Dec. 17, 1953, 6:00 A. M. and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 12-17-53

WILLIAM B. VANDEGRIFT, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-21-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-18-53 — REGISTRAR'S SIGNATURE: A W Heglund

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. — ADDRESS: Baltimore, Md.

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11854

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A35 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton
LENGTH OF STAY (in this place): 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Corbett Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton
STREET ADDRESS (If rural, give location): Corbett Road

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Arabelle (Last) Bacon

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3 October 1865

9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Upperco, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Benson

14. MOTHER'S MAIDEN NAME: Hannah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Son - J. Edward Bacon - Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Cardiac Failure	1 Year
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arterio-sclerotic Cardiovascular Disease	15 yrs
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Dec, 1953, that I last saw the deceased alive on 20 Dec., 1953, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kuo (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED 31 December 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-3-54

NAME OF CEMETERY OR CREMATORY: St James Episcopal

LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG. 2 Jan 1954

REGISTRAR'S SIGNATURE: Anne Ernistad MacRae

24. FUNERAL DIRECTOR: J. Scott Brooks, Sparks, Md.

ADDRESS

RECEIVED
JAN 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11855

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Road & York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto X
STREET ADDRESS (If rural, give location) 1122 Laurence st

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) (Last) Ball JR

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1953

5. SEX: m.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec 5, 1950

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Ball sr

14. MOTHER'S MAIDEN NAME: Deloise Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Alfred Ball on 1122 Laurence st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0

Immediate cause (a) 3rd ° Burns - Partial Cremation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: home

(CITY OR TOWN) (COUNTY) (STATE): Paper Mill Rd + old York Rd Balto MD

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 31 53 10:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? house burned when stove exploded

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R H Fisher MD 700 Fleet St Balto MD 1/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-4-53

NAME OF CEMETERY OR CREMATORY: Lancaster Co mem

LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG.: January 2. 1954

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: George G. Kelson 1303 Presstman st

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11856

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md
LENGTH OF STAY (in this place) Since 8/12/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 02-10-2
STREET ADDRESS (If rural, give location) 309 Chesapeake ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Myrtle (Last) Barrett

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 12/12/1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. E. Wright

14. MOTHER'S MAIDEN NAME: Catherine Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
2600 Immediate cause	(a)	Heart block	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Myocardial Degeneration	
	DUE TO (c)	Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bruno Radauskas M.D. Spring Grove St. Hospital, Md. 12.20.53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/24/53
NAME OF CEMETERY OR CREMATORY Bunker Hill Cemetery
LOCATION (City, town, or county) (State) Martinsburg W. Va.

DATE REC'D BY LOCAL REG. 12-21-53
REGISTRAR'S SIGNATURE T. E. Harry

24. FUNERAL DIRECTOR ADDRESS
Fred W. Krosin Hagerstown, Md.

RECEIVED
DEC 24 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sparrows Point

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point

STREET ADDRESS (If rural give location) 305 F Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) R (Last) Bernau

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 53 19

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 1 1885

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): crane opr retired

10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Bernau

14. MOTHER'S MAIDEN NAME: Amelia Burnau

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Ruth Bernau 305 F St Sparrows Poin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death: 1/2 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic Ht Dis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20 AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Dec 1 ,19 53 , to Dec 26 , 19 53 , that I last saw the deceased alive on Dec 26 , 19 53 and that death occurred at 1:15 A.M. , from the causes and on the date stated above.

SIGNATURE James T. Means (Degree or title) M D — ADDRESS 520 Dst St Pt Pt 19 — DATE SIGNED 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) removal — **DATE THEREOF** Dec 29/53 — **NAME OF CEMETERY OR CREMATORY** Fairview Cem — **LOCATION** (City, town, or county) (State) Cockeysville Pa

DATE REC'D BY LOCAL REGISTRAR Dec. 28. 53 — **REGISTRAR'S SIGNATURE** Dawson L. Harber

24. FUNERAL DIRECTOR Ulrich Funeral Home — **ADDRESS** 111 Dundalk Ave

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2436 St. Paul Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) BICKERS

4. DATE OF DEATH (Month) December (Day) 7 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 2-16-88

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Fireman- Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Roanoke, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Oliver Bickers

14. MOTHER'S MAIDEN NAME: Temperance Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163
Immediate cause (a) CARCINOMA OF LEFT LUNG
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 2 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 30, 1953, to Dec. 7, 1953, that I last saw the deceased alive on [illegible], and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDERGRIFT, M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-10-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/9/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Howard Blight Funeral Home
ADDRESS 6009 Harford Rd. Baltimore, Md.
Dir. Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10yr.1mo28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1508 Sheffield Road

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) S. (Last) Biscoe

4. DATE OF DEATH (Month) (Day) (Year) December 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 6-9-1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Reporter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin Biscoe

14. MOTHER'S MAIDEN NAME: Maria Carman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chornic myocardial infarction

DUE TO

(c) Arteriosclerotic cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left femur

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Hospital

21c. (City or town) Catonsville (County) Baltimore (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-4-53 6:25a.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell out of chair on floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Alex. Gottlieb M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-12-1953

NAME OF CEMETERY OR CREMATORY Dandy Mount

LOCATION (City, town, or county) Timonium Md (State)

DATE REC'D BY LOCAL REG. 12-15-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Bastian & Son 2244 N. Charles ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11060

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Graceland Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryaldn — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Graceland Park
STREET ADDRESS (If rural, give location) 1415 Delvale Ave

3. NAME OF DECEASED (Type or Print): (First) Joanne (Middle) (Last) Blair

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb 17, 1948

9. AGE last birthday: 5 yrs. — If under 1 year: Months 10 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank J. Blair

14. MOTHER'S MAIDEN NAME: Carolyn Strahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Frank J. Blair (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Lymphoid Leukemia — Interval Between Onset and Death: 2 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 6:15 P - Dec. 17 m., from the causes and on the date stated above.

SIGNATURE: Milton S. Sacks — (Degree or title) M. D. — ADDRESS: University Hospital — DATE SIGNED: 12/17/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 21, 1953. — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Belair Road

DATE REC'D BY LOCAL REG.: 12-21-53 — REGISTRAR'S SIGNATURE: A. E. Hedrich

24. FUNERAL DIRECTOR — ADDRESS: Schimunek Funeral Home Inc. 2601-03-05 E. Madison Street.

dmr.

VS. A15

Item#7, FilmG160 12/28/53mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Point Rd. and Rosedale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 24
STREET ADDRESS (If rural, give location) 7608 Berkshire Road

3. NAME OF DECEASED: (Type or Print) (First) MILLARD (Middle) PLOWMAN (Last) BLOOM
4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 19 53
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 15, 1911
9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Millard P. Bloom
14. MOTHER'S MAIDEN NAME: Clara Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-20-4928
17. INFORMANT & ADDRESS: Mrs. Grace E. Bloom 7608 Berkshire Road 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Asphyxia
DUE TO Carbon Monoxide Poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Alcoholism

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY garage
21c. (City or town) Salto. (County) (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Found: 12-13-53 11:00 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? carbon monoxide poisoning

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. H. Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 17, 1953
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 12-16-53
REGISTRAR'S SIGNATURE a. w. Hedrick
24. FUNERAL DIRECTOR Horace F. Burgee
ADDRESS Burgee Funeral Home 3631 Falls Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]62

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
MARYLAND
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training Sch. Owings Mills, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 2467 Fairway, Dundalk

3. NAME OF DECEASED: (Type or Print) (First) Sharon (Middle) Lynn (Last) Boyle

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 53

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): child

8. DATE OF BIRTH: 1-18-43

9. AGE last birthday: 10 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Boyle, Jr.

14. MOTHER'S MAIDEN NAME: Ruth Catherine Krouk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rosewood State Training School, Owings Mills, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

347X

Immediate cause (a) Broncho-pneumonia — Interval between Onset And Death: one day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Mental deficiency due to Encephalitis and — 1 year

(c) Hemiplegia, Epilepsy

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Physically retarded due to Spasticity

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1953, to Dec. 23, 1953, that I last saw the deceased alive on 12-23-53, 19 .., and that death occurred at 7:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Viola B. Johns M.D Rosewood Owings Mills Md 12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 12-26-53 NAME OF CEMETERY OR CREMATORY MORELAND MEM. PARK LOCATION (City, town, or county) BALTO. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-25-53 REGISTRAR'S SIGNATURE Mary B. Elvin

FUNERAL DIRECTOR W. Brooks Bradley ADDRESS Dundalk, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1963

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arco Acres
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1311 Fuselage Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arco Acres
STREET ADDRESS (If rural, give location) 1311 Fuselage Ave.

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) G. (Last) BRINEGAR

4. DATE OF DEATH: (Month) DEC. (Day) 29 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 29-1905

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin

11. BIRTHPLACE (State or foreign country): Coolemee N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edd. G. Brinegar

14. MOTHER'S MAIDEN NAME: Luna Eaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs. Dorothy Brinegar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Respiratory arrest

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Multiple myeloma — Interval between onset and death: 6 mo.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 53, to Dec. 29, 19 53, that I last saw the deceased alive on Dec. 29, 19 53, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Loren Sensenf M.D. 1437 Fuselage Ave Balto 20, Md 12/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-31-53

NAME OF CEMETERY OR CREMATORY Belair Memorial Cem.

LOCATION (City, town, or county) Belair (State) Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Jno. G. Connelly - 418 Eastern Ave Balto 24 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1964

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Bloomsbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 200 Bloomsbury Ave.

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) GERTRUDE (Last) BROSENNE

4. DATE OF DEATH: (Month) Dec. (Day) 26, (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 6/25/1927 | 9. AGE Last birthday: 26 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Brosenne

14. MOTHER'S MAIDEN NAME: Beulah C. Stromberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: H. J. Brosenne 200 Bloomsbury Ave Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Embolism — Interval Between Onset And Death 4 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Polio Myelitis — 9 yrs

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1944, to Dec 26, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE James A. Stromberg (Degree or title) ADDRESS Frederick & Augusta Ave DATE SIGNED 12/28/53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial | DATE THEREOF 12/29/53 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-28-53 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

VS. A45

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 716 Pierce Street

3. NAME OF DECEASED: (First) ALEXANDER (Middle) (NMI) (Last) BROWN
4. DATE OF DEATH: (Month) December (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6-19-92
9. AGE Last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Handy Man(Self-employed)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Brown
14. MOTHER'S MAIDEN NAME: Sailine Watts

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) CANCER OF LARGE BOWEL DUE TO — Interval Between Onset And Death: UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1953, to Dec. 18, 1953, that I last saw deceased alive on Dec. 18, 1953 and that death occurred at 6:00 P.M., from the causes and on the date stated above.
SIGNATURE P.C. Bennighof M.D.
(Degree or title) M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED

Dr. Bennighof

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-23-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-23-53
REGISTRAR'S SIGNATURE A.W. Hedrich dmr.
24. FUNERAL DIRECTOR ADDRESS Adolphus Halstead Funeral Home, 918 Druid Hill Ave., Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuba Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Cuba Rd

3. NAME OF DECEASED: (First) Edward (Middle) (Last) Brown
4. DATE OF DEATH: (Month) December (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 12, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Brown
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elizabeth Carroll 1705 Braddish Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4-22-1
Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arterio-sclerotic cardio vascular disease — over 6 yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Dec 23, 19....., that I last saw the deceased alive on 23 Dec, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.
SIGNATURE Walter T. Kees (DEGREE OR TITLE) MD ADDRESS Cockeysville DATE SIGNED 24 Dec 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12-28-53
NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
LOCATION (City, town, or county) (State) Md
DATE REC'D BY LOCAL REG. 12-26-53
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR George D. Kerson
ADDRESS 1303 Eastern Ave

VS. A15 8-51

Film#G160 Item# 9 12/11/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

Dr. Lawrence Post

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A47

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 325 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
STREET ADDRESS (If rural, give location) 325 Murdock Road

3. NAME OF DECEASED (Type or Print): (First) Leulah (Middle) Kerr (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 5, 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 12, 1878

9. AGE last birthday: 75 74 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered nurse

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Rev. Joel Brown

14. MOTHER'S MAIDEN NAME: J. Anna ~~Be~~ Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Anna Lee Brown 325 Murdock Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

2 1.7
Immediate cause (a) Leukemia

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Enlarged Spleen
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953 to Dec. 5, 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE Laurence C. Post (Degree or title) M.D. ADDRESS 6805 York Road Baltimore 12, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12 - 7 - 53
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.-1900 Eutaw Pl. Baltimore, Md. ADDRESS
M B Mitchell

6

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgar Ave. off Turkey Pt. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 123 N. Patterson Park Avenue

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) BRUNE

4. DATE OF DEATH: (Month) December (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mch. 18-1921

9. AGE last birthday: 32 yrs. If under 1 year: Months 8 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dis. Worker

10b. KIND OF BUSINESS OR INDUSTRY: Paul Jones Dis.

11. BIRTHPLACE (State or foreign country): Wierton, West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Boules

14. MOTHER'S MAIDEN NAME: Bertha Balon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: William Prune Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9817 Immediate cause (a) Gunshot wound of chest with perforation of aorta — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple abrasions, contusions of face and body

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Shore Shack

(CITY OR TOWN) (COUNTY) (STATE) Essex, Baltimore County, Maryland

TIME (Hour) (Day) (Year) OF INJURY Found 12/11/53 3:00 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Beaten and shot by assailant

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE B H Fisher (Degree or title) MD ADDRESS 700 Fleet St., Baltimore 2, Md. DATE SIGNED 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-15-53 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) Woodlawn Md. (State)

DATE REC'D BY LOCAL REG. 12-14-53 REGISTRAR'S SIGNATURE G. W. Hedrick

24. FUNERAL DIRECTOR John G. Connelly ADDRESS 3500 Rank St.

JST

js

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31 (61)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 7 MD
LENGTH OF STAY (in this place) 6 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3303 MAYFIELD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 7.
STREET ADDRESS (If rural give location) 5505 NORWOOD AVE

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) MARY (Last) BUSHEY

4. DATE OF DEATH: (Month) DEC. (Day) 14 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 23 - 1886

9. AGE Last birthday: 66 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEKEEPING

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN MEAGHER

14. MOTHER'S MAIDEN NAME: MARY SCHOTT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MRS MARY NAWROT. OWINGS MILLS - MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CORONARY INSUFFIENCY —	5 YEARS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CORONARY OCCLUSION —	1 DAY
	DUE TO (c) CONGESTIVE HEART FAILURE CHRONIC	1 YEAR
	HYPERTENSIVE C.V. DISEASE —	10 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. ....., 1951, to DEC. 14, 1953, that I last saw the deceased alive on DEC 14, 1953, and that death occurred at 4:30 PM., from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeler (Degree or title) MD ADDRESS Randallstown MD DATE SIGNED 12-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 12-17-53
NAME OF CEMETERY OR CREMATORY BALTO NAT'L CEM
LOCATION (City, town, or county) (State) BALTO, MD

DATE REC'D BY LOCAL REGISTRAR 12-17-53
REGISTRAR'S SIGNATURE C W Hedrick
24. FUNERAL DIRECTOR Wm. J. Tuckner's Sons Inc ADDRESS Balto Md

VS. A 15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11870

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (ADV)

1. PLACE OF DEATH — COUNTY: BALTO — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
   LENGTH OF STAY (in this place): 54 YRS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7300 DUNMANWAY

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: S — COUNTY: B
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
   STREET ADDRESS (If rural, give location): E

3. NAME OF DECEASED (Type or Print): (First) MAX (Middle) HAROLD (Last) CALLISON

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 11-3-1898

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST ENGRAVER.

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR

11. BIRTHPLACE (State or foreign country): W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES C.

14. MOTHER'S MAIDEN NAME: ELLA ANDREWS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 232-01-3454

17. INFORMANT AND ADDRESS: AVA B. CALLISON — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15-T

Immediate cause (a) Carcinoma of the esophagus — Interval between onset and death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Dec ....., 1953, that I last saw the deceased alive on 24 Dec, 19 53, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: 2900 Dunbar Rd — DATE SIGNED: 12/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 12-28-53 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REG.: Dec 28 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: [illegible] Bradley — ADDRESS: Dundalk Md.

RECEIVED
1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville Md
LENGTH OF STAY (In this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Cecil Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) C. (Last) Cameron

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jan 11 - 1863

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer & Insurance agent

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rising Sun Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Heilholtz

14. MOTHER'S MAIDEN NAME: Sarah Jane Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis and	
	(c) Hypertensive arteriosclerosis	over 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1946, to 7 Dec, 1953, that I last saw the deceased alive on 6 Dec, 1953 and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: Walter T. Rees (Degree or title) M.D. ADDRESS: Cockeysville Md DATE SIGNED: 7 Dec. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: Dec 9/53 — NAME OF CEMETERY OR CREMATORY: Rosedale — LOCATION (City, town, or county): Cecil Co (State): Md

DATE REC'D BY LOCAL REG.: 12/8/53 — REGISTRAR'S SIGNATURE: Laura M. Schroeder

24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook's, St Paul & Preston St & Patterson Funeral Home

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Fort Howard
LENGTH OF STAY (in this place): 9 hrs 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 636 W. Lanvale Street

3. NAME OF DECEASED: (First) THOMAS (Middle) W. (Last) CAMPBELL
4. DATE OF DEATH: (Month) (Day) (Year) December 10 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-5-10
9. AGE Last birthday: 43 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Contracting Co.
11. BIRTHPLACE (State or foreign country): Charles Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John F. Campbell
14. MOTHER'S MAIDEN NAME: Bertha A. Thomas
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 217-09-2263
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) INANITION	UNKNOWN
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) CHRONIC ALCOHOLISM	UNKNOWN
DUE TO		
002x,	(c) PULMONARY TUBERCULOSIS (NOT PROVEN)	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9 7:30 PM 1953, to Dec. 10 5:10 AM, 1953, and that death occurred at 5:10 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-14-53 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 12/11/53 — REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS: William A. Jackson Funeral Home, 916 Pennsylvania Avenue, Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]73

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (in this place): 40 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 RIVERSIDE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 111 RIVERSIDE DRIVE

3. NAME OF DECEASED: (First) ROSINA (Middle) [illegible] (Last) CAVALLIO
(Type or Print)

4. DATE OF DEATH: (Month) DEC. (Day) 2 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: FEB. 27-1877

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CARMINE DI FILLIPO

14. MOTHER'S MAIDEN NAME: UNKOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: –

17. INFORMANT & ADDRESS: ANTONIO CAVALLIO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cardiac decompensation	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Astero-sclerotic cardio-Vascular	3 yrs
DUE TO		
	(c) disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Dec 2, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 2 10 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Joseph Mech M D 423 Eastern ave Balto 2 Md 12/4/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 12/5/53
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) EASTERN AVE (State) MD.

DATE REC'D BY LOCAL REG. 12-5
REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR JOHN G CONNELLY
ADDRESS ESSEX 21 MD.

VST

Film#G160 Item# 2 12/11/53 emp

1 74

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore (Or) CRADDOCKS NURSING HOME MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE Md
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS EAST AVE. HALETHORPE Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE Balto. Md
STREET ADDRESS (If rural, give location) EASTERN AVE 10 N. Penal Pt. ✓

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) CLEMONS

4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 5-?-83

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY CLEMONS VA.

14. MOTHER'S MAIDEN NAME: MAGGIE BROWN VA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: JENNIE BROOKS 531 N. CARROLTON AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Mouth

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1953, to Dec 5, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 7:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edw Goodridge M.D. ADDRESS R4 Box 212 Elkridge Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 12-7-53 | NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 12/15/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Murray G. Dickson ADDRESS 916 Penna Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10-12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1075 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Balto Co — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): 8 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: near Ellicott City Johnnycake Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Balto Co

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural

STREET ADDRESS (If rural, give location): near Ellicott City Johnnycake Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	4:30 P.M.
Henry C. Coates	Dec 13	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	9/15/1906	47 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR ~~INDUSTRY~~:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Own	Elkridge Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Coates	Elizabeth Weigandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes W.W. #2		6320 Old Washington Blvd Mrs. Edgar Hughes Elkridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cirrhosis of the Liver — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 12 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
No operation		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov 24, 1953, to Dec 13, 1953, that I last saw the deceased alive on Dec 13, 1953, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Joshua H Armacost	M.D.	6419 Windsor Mill Rd	Md. 3/4/54

23. BURIAL, ~~CREMATION~~ REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	12/16/53	U.S. National	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-53	A W Hedrick	Wm Cook Inc.	1217 St. Paul St.

55

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1678 / 448

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2341 Ruth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Atlanta.
STREET ADDRESS (If rural give location) 103 Flat Shoals Ave S/E

3. NAME OF DECEASED: (Type or Print) (First) JAMES. (Middle) WILLIAM (Last) COOPER

4. DATE OF DEATH: (Month) DEC. (Day) 24 (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: white.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 29. 1889

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: LOOM. REPAIR MAN.

10b. KIND OF BUSINESS OR INDUSTRY: COTTON MILLS

11. BIRTHPLACE (State or foreign country): So. CAROLINA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 247-07-2159

17. INFORMANT & ADDRESS: ROSALIE TABB. ADDRESS AS IN # 1. (DAUGHTER)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL FAILURE — Interval Between Onset And Death: SUDDEN.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE. — 3 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCEROSIS. — 8 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 23, 1953, to Dec. 24, 1953, that I last saw the deceased alive on Dec 23, 1953 and that death occurred at 8 30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tollen M.D. 6908 N. Pt. Rd. Balto-19-MD 12/24/53

23. BURIAL, CREMATION, REMOVAL—(Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY Greenland LOCATION (City, town, or county) Greenville S.C. (State)

DATE REC'D BY LOCAL REGISTRAR DEC 27 1953 REGISTRAR'S SIGNATURE Dr Dawson L Tarfer mmb

24. FUNERAL DIRECTOR W M Cook Inc - 1217 St Paul St ADDRESS

DEC
BUREAU V. S.

Item#14 FilmG160 12/28/53 mrb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 ... 11877

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 416 Dunkirk Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
STREET ADDRESS (If rural give location): 416 Dunkirk Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Coward

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 29, 1864

9. AGE Last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. B.& O.R.R.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Coward

14. MOTHER'S MAIDEN NAME: Schlusser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Wm. H. Coward, 416 Dunkirk Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 420.1 (a) Coronary Occlusion — 30 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Nephritis — Indeterminate
DUE TO (c) Arteriosclerosis Cardiovascular Disease — "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 53 to Dec, 19 53, that I last saw the deceased alive on 12/15, 19 53, and that death occurred at 1:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Leonard L. Zepp M.D — ADDRESS: 427 Hoskins Rd Baltimore Md — DATE SIGNED: 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/ /1953 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-17-53 — REGISTRAR'S SIGNATURE: A W Frederick — 24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road

VS. A15

151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 53

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LUTHERVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BURTON AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LUTHERVILLE
STREET ADDRESS (If rural give location) BURTON AVENUE

3. NAME OF DECEASED: (Type or Print) (First) HORATIO (Middle) WILLIAM (Last) COX

4. DATE OF DEATH: (Month) DEC. (Day) 28, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 18, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: SEWAGE INSP.

10b. KIND OF BUSINESS OR INDUSTRY: METRO. DIST.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. HELEN M. COX, LUTHERVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease — Interval Between Onset And Death: 8 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Paroxysmal Tachycardia — 7 Mos.

DUE TO (c)

433.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1953 to 12/28, 1953, that I last saw the deceased alive on 12/28, 1953, and that death occurred at 2.30 PM from the causes and on the date stated above.

SIGNATURE Burnett A. Hann M.D. (Degree or title) ADDRESS Lutherville DATE SIGNED 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: DEC. 31, 1953 NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEM. LOCATION (City, town, or county) (State): TOWSON, MD.

DATE REC'D BY LOCAL REGISTRAR: Dec. 31, 1953

REGISTRAR'S SIGNATURE: Mabel C. Gray MF

24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MD. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1179

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12½ Edmondson Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 12½ Edmondson Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) K (Last) Cross

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 6, 1875

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Irving Buck

14. MOTHER'S MAIDEN NAME: Henrietta ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mr. John I. Cross 21 N. Prospect Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4427 Immediate cause	(a) Myocardial Decompensation	1 mo.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Auricular Fibrillation	2 yr.
	(c) Chr. Hypertensive Cardio-Vascular-Renal Disease	10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1945, to 12-13, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 1:50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton K. Gallagher M.D. Catonsville 28, Md. 12-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/16/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12-10-53
REGISTRAR'S SIGNATURE: W. J. Hedrick
24. FUNERAL DIRECTOR ADDRESS: Wm. J. Listener Sons Inc Balto Md

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YS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1205 E. North Ave

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Lillian (Last) Curtis

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: Oct. 14-1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Voluntary

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McCurdy

14. MOTHER'S MAIDEN NAME: Isabella DeChaumelaumme

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Laura M Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Heart Failure — Interval between onset and death: 1 year

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis — Interval between onset and death: 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950 to Dec 4 1953 that I last saw the deceased alive on Dec 4, 1953 and that death occurred at 3 30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter T. Cues M.D. Cockeysville Md 12/4/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF Dec 8/53 NAME OF CEMETERY OR CREMATORY London Pk. LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

L.M. Schroeder Laura M. Schroeder

24. FUNERAL DIRECTOR ADDRESS

Wm. Cook, St Paul & Preston Sts

VS. A15 8-51

RECEIVED
DEC 8 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1581

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The form age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
MARYLAND LENGTH OF STAY (in this place) 24yr1mo21day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Etta (Last) Darnall

4. DATE OF DEATH: (Month) December (Day) 11, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-[illegible]-1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph F. Darnall

14. MOTHER'S MAIDEN NAME: Dora T. Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac failure — Interval between Onset and Death: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Exhaustion and anemia due to mental disorder--Idiocy Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2-, 19 52, to 12-11-, 19 53, that I last saw the deceased alive on 12-11-, 19 53, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Heymann Jr. M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 12-11-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 12-14-53 NAME OF CEMETERY OR CREMATORY Jerusalem Christian LOCATION (City, town, or county) Joppa (State) Md

DATE REC'D BY LOCAL REG. 12-14-53 REGISTRAR'S SIGNATURE A. F. Eldridge

24. FUNERAL DIRECTOR Mildred V Blight ADDRESS 6009 Harford Rd

VST

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 45 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 312 E. Belvecere Avenue

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) G. (Last) DAVIDSON

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-6-90

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Adjuster

10b. KIND OF BUSINESS OR INDUSTRY: Insurance Co.

11. BIRTHPLACE (State or foreign country): New York City, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Davidson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.0

Immediate cause (a) GASTRIC ULCER WITH EXSANGUINATING HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 48 HOURS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1953 to Dec. 28, 19 53, ~~that I last saw the deceased alive on xxxxxxxxxxxxxxxxxx~~, and that death occurred at 11:15 A. M. 12:00 Noon from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) M.D.

ADDRESS VAH, FORT HOWARD, MD.

DATE SIGNED 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12-30-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12-30-53

REGISTRAR'S SIGNATURE: A W Hellman

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: ~~6003 Harford Road, Baltimore 14, Maryland~~ Mildred V Blight.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1 253

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 14 — LENGTH OF STAY (In this place) 4 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8702 Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 14
STREET ADDRESS (If rural, give location) 8702 Summit Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) L (Last) DeHoff

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 10 1888

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: P.R.R. Retired

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L DeHoff

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs Harry L. DeHoff 8702 Summit Ave Balto 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the pancreas — Interval Between Onset and Death: Unk

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 2 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas with metastases

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 19 53, to Dec 24, 19 53, that I last saw the deceased alive on Dec 24, 19 53, and that death occurred at 6.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. Oliver M.D. 7122 Harford Rd Balto 14 12/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/3/53 — NAME OF CEMETERY OR CREMATORY: Littlestown Pa — LOCATION (City, town, or county) (State): Littlestown Pa

DATE REC'D BY LOCAL REG. 1/2/54 — REGISTRAR'S SIGNATURE: G.M. Bacon

24. FUNERAL DIRECTOR — ADDRESS: Lansdale Funeral Home 7401 Belair Rd Balto 6 Md

RECEIVED
JUL 5 1924
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1954

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 22 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1801 W. Fall Place

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Lemek

4. DATE OF DEATH: (Month) December (Day) 7, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-31-1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / M.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truckster

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Demek

14. MOTHER'S MAIDEN NAME: Mary Mackle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

Immediate cause (a) Pulmonary edema due to

Antecedent cause (a) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intra abdominal metastasis + effusion

(c) due to Cancer of Pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT, HOMICIDE OR SUICIDE? — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ver M Kieffer MD Dep ME Balto 1010 Lexington 12-13

DISPOSITION (Burial, Cremation, Removal, Other (Specify)) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — 12-16-1953 — Holy Cross, A.A.Co.Md. — Ritchie Highway, Baltimore A.A.Co

DATE FILED BY LOCAL REG. — REGISTRAR'S SIGNATURE — 21. FUNERAL DIRECTOR — ADDRESS

Frederick D. Miller Inc. — 3019 E. Monument St.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

11587

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): FREDERICK DIEHLMAN

2. DATE OF DEATH: IX-XX-53

3. PLACE OF DEATH:
A. ~~Baltimore City,~~ Maryland CATONSVILLE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GLENMORE + RICE AVES.
c. Length of stay in Baltimore: Yrs. ... Mos. ... Days ...

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CATONSVILLE
D. STREET ADDRESS (If rural, give location): GLENMORE + RICE AVES.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	MARRIED	JUNE 24, 1873	80				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST - RET.
10B. KIND OF BUSINESS OR INDUSTRY: FARM IMPLEMENT
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK
14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT ADDRESS: Mrs. Jennie Willis, Glenmore Ave Catonsville

I CERTIFICATION

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio Vas. dis. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. .....

21D. TIME (Month) ~~(Day) (Year)~~ (Hour) OF INJURY: ... m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 19 49, *to* Dec 22, 19 53, *that I last saw the deceased alive on* Dec 21, 19 53 *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Mayness M. D.
23B. ADDRESS: Catonsville 28, Md.
23C. DATE SIGNED: 12-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: IX-24-53
24C. NAME OF CEMETERY OR CREMATORY: SALEM LUTHERAN
24D. LOCATION (City, town, or county) (State): CATONSVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: 12/23/53
REGISTRAR'S SIGNATURE: V. E. Harry
25. FUNERAL DIRECTOR ADDRESS: Lewis A. Farley Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11285

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Mt. de Sales Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 101 Mt. deSales Rd.

3. NAME OF DECEASED (Type or Print): (First) THALES (Middle) (Last) DISNEY

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 27, 1867

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rtd Commission Merchant

10b. KIND OF BUSINESS OR INDUSTRY: fruits wholesale (vegetables

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilson Disney

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-6559

17. INFORMANT AND ADDRESS: Mrs. Raymond J. Arnold-101 Mt.deSales Rd. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ARTERIOSCLEROTIC MYOCARDITIS-NEPHRITIC DISEASE. — Interval Between Onset and Death: 6 MO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) SENILITY.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0

(CITY OR TOWN) 0 (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 13 1953, to DEC, 6, 1953, that I last saw the deceased alive on NOV, 23 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE: L. Lloyd Johnson (Degree or title) M.D. ADDRESS 6348 FREDERICK ROAD. CATONSVILLE, MD. DATE SIGNED DEC, 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/9/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11086

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville

MARYLAND LENGTH OF STAY (in this place) 2yr. 9mo. 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1606 Olive Street

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Phin (Last) Dixon

4. DATE OF DEATH: (Month) December (Day) 17, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-6-1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Colonel Phin

14. MOTHER'S MAIDEN NAME: Susan Bradshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — Years

DUE TO

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10-51, 19....., to 12-17-, 19 53, that I last saw the deceased alive on 12-17-, 19 53, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann Asst MD

ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED 12-17-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-29-53

NAME OF CEMETERY OR CREMATORY Spring Grove State Hosp

LOCATION (City, town, or county) Catonsville 28 (State) Md.

DATE REC'D BY LOCAL REG. 12-29-53

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR Spring Grove State Hospital

ADDRESS

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1 88

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1675 Sulphur Spring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1675 Sulphur Spring Rd.

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) E. (Last) DOWNEY

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 1, 1864

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Evan Buckingham

14. MOTHER'S MAIDEN NAME: Lucretia Gaylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Daisy Tinley-3820 Chatham Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.0.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension and Arteriosclerosis

(c) Senile Cerebral Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1953, to 12/28, 1953, that I last saw the deceased alive on 12/28, 1953, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/31/53

NAME OF CEMETERY OR CREMATORY: Melville Cem.

LOCATION (City, town, or county) (State): Elkridge, Md.

DATE REC'D BY LOCAL REG.: 12-29-53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: W.M. C. Tichner & Sons ADDRESS: Balto 17, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]089

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3624 Lochearne Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural give location) 3624 Lochearn Drive

3. NAME OF DECEASED: (Type or Print) (First) Miss (Middle) Margaret K. (Last) Doyle

4. DATE OF DEATH: (Month) Dec. (Day) 1st (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 17, 1906

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustine

14. MOTHER'S MAIDEN NAME: Mary A. Rosney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-30-6308

17. INFORMANT & ADDRESS: Mrs. Joseph Lochte, 3624 Lochearn Dr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) carcinomatosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) carcinoma of rt. breast — DUE TO

(c)

Interval Between Onset And Death: 3 years undetermined

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bronchopneumonia — 1 wk

19a. DATE OF OPERATION: 8-3-50

19b. MAJOR FINDINGS OF OPERATION: carcinoma, rt breast (Radical mastectomy)

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3 ...,1950, to 12-1 ., 19.53, that I last saw the deceased alive on 12-1 ..., 1953, and that death occurred at 3.15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm. C. Dunnigan M.D — 31 E North Ave — 12-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-4-1953

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-3-53

REGISTRAR'S SIGNATURE: J. A. W. Adams

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS/A15

Dr. Dunnigan
4916 Harford Road.

FilmG160 Items 8,9,13 12/15/53 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]90

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
MARYLAND LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2228 Monumental Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 2228 Monumental Ave.

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) (Last) DUDREAR

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 25. 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 9/11/90

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DAVID Joseph GRUFF

14. MOTHER'S MAIDEN NAME: Susan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: Mrs. Charles Grim, Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953 to Dec 10 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas S. Bowyer, M.D.

ADDRESS 221 Med Arts Bldg

DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/14/53

NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery

LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/14/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR C. E. Clise & Son

ADDRESS Frederick Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11691

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co Md; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) 5yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh; STREET ADDRESS (If rural, give location) Proctor Ave

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) R.T. (Last) Edwards

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 7/26/75

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Florist

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-32-2944

17. INFORMANT AND ADDRESS: Reginald D. Edwards Whitemarsh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis.? (c)

INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1953, to 12/25, 1953, that I last saw the deceased alive on 12/25, 1953, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE: Lloyd F. Hudson M.D. (Degree or title) ADDRESS Fork, Md. DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/28/53

NAME OF CEMETERY OR CREMATORY: Ebenezer Meth

LOCATION (City, town, or county): Balto. Co. (State): Md

DATE REC'D BY LOCAL REG.: Dec. 26-1953

REGISTRAR'S SIGNATURE: Carl Hurley

6/2/54 - ecm

24. FUNERAL DIRECTOR: Fawsett Funeral Home ADDRESS 7401 Belair Rd.

VS. A-15

Dr. Hudson
T. K

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11592

Reg. Dist. No. 3-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore,
STREET ADDRESS (If rural, give location): 1536 Linden Ave.

3. NAME OF DECEASED (Type or Print): (First) Isabelle (Middle) Eugenia (Last) Ellicott

4. DATE OF DEATH: (Month) Dec. (Day) 24, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	single	Nov. 13, 1872	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Seamstress	Baltimore, Md.	

13. FATHER'S NAME: William Carroll Ellicott

14. MOTHER'S MAIDEN NAME: Isabelle Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Rees L. Morgan 702 N. Chapel Gate Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Cardiovascular disease	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture neck Rt femur, decubitus ulcer — 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Dec 24, 1953, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Lee Mosmess	M.D	Catonsville 28 Md	Dec 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1953	Druid Ridge	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-53	A W Hexrich	John O. Mitchell & Sons Inc	1900 Eutaw Place

VS. AL

45

FilmG160 Item12 12/15/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]93

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ✓ MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5313 Edmonsdon Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 3006 Christopher Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Eva M. (Last) Endres

4. DATE OF DEATH: (Month) Dec. (Day) 6th (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	Widowed	Nov. 3, 1865	88 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Germany	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Beckman	Katherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mr. Harry Endres, 39 N. Fllamont St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

502 X

Immediate cause (a) Arteriosclerotic C.V. Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Diabetes Mellitus

DUE TO (c) Chronic nephritis

260 X Chronic Arthritis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,19 50, to Dec. 6., 19 53, that I last saw the deceased alive on 12/6.., 19 53, and that death occurred at 11:00 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nathan Janney	M.D.	710, Harford Rd.	12/7/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 10, 1953	Parkwood Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Leonard J. Ruck	5305 Harford Road.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COCKEYSVILLE — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS YORK RD. + TUFTON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COCKEYSVILLE
STREET ADDRESS (If rural, give location) YORK RD. + TUFTON AVE.

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) WASHINGTON (Last) ENSOR
4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 27, 1880
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROAD BUILDER
10b. KIND OF BUSINESS OR INDUSTRY: U.S. PARK SERVICE
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GEORGE ENSOR
14. MOTHER'S MAIDEN NAME: ELIZABETH ENSOR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war, or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MRS. STEVENSON - COCKEYSVILLE, MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 774.X Immediate cause (a)	Asphyxia by strangulation (hanging)	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Depression Melancholia	Unknown
(c)	Arteriosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) Rollin L. Hudson M.D., D.M.E. — ADDRESS Towson Md — DATE SIGNED 12/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF DEC. 31, 1953 — NAME OF CEMETERY OR CREMATORY BOSLEY METH. CEM. — LOCATION (City, town, or county) (State) COCKEYSVILLE, MD.

DATE REC'D BY LOCAL REG. 4 Jan 1954 — REGISTRAR'S SIGNATURE Irma Armistead MacRae — 24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosewood St. Tr. School
LENGTH OF STAY (in this place) 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) General German Orphan Asylum

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) (Last) Ernst

4. DATE OF DEATH: (Month) 12- (Day) 31 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-4-85

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rosewood State Training School records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 199.1 (a) Malignancy probably from pelvis, right DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17 ,1953 , to 12-31 , 19 53 , that I last saw the deceased alive on 12-31 , 1953 , and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. G. Butler M.D. Owings Mills, Md. 12-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Anatomical Board
DATE THEREOF Jan. 8, 1954
NAME OF CEMETERY OR CREMATORY Rosewood Cemetery
LOCATION (City, town, or county) (State) Owings Mills, Md.

DATE REC'D BY LOCAL REGISTRAR 1-7-54
REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS
J.F.Eline & Sons, Reisterstown, Md.

Anatomical Board refused body

RECEIVED
JAN
BUREAU V.

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 910 N. Gilmore Street

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) A. (Last) EVANS

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-25-25

9. AGE last birthday: 28 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Evans

14. MOTHER'S MAIDEN NAME: Gussie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 219-10-1940

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) CHRONIC GLOMERULONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1953, to Dec. 29, 1953, that I last saw the deceased alive on [illegible], and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): IRVING FREEMAN, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 12-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12/31/1953

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home

ADDRESS: ~~1808 N. Monroe Street, Baltimore 17, Md.~~

Iter 47, Film 6160 12/2/53 rmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11897

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 865 Hollins Street

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) B. (Last) FAMBACK

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 5-14-93

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Grinder

10b. KIND OF BUSINESS OR INDUSTRY: Foster Bedding Co.

11. BIRTHPLACE (State or foreign country): Curtis Bay, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Famback

14. MOTHER'S MAIDEN NAME: Veronica Ordaski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 705-10-6444

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1953, to Dec. 20, 1953, that I last saw the deceased ~~alive on~~ ~~xxxxxxxx~~ and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

VA

FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/23/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-22-53 — REGISTRAR'S SIGNATURE: A.W.Hedrich

24. FUNERAL DIRECTOR: John J. Cowan & Son, — ADDRESS: Hollins & Poppleton Sts. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 11298

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 29 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 E. Susquehanna Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural give location) 101 E. Susquehanna Ave.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Tibitha (Last) Ferguson

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12 Aug. 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Margaret Mary Ferguson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Massive Intra cranial Hemorrhage. — Interval Between Onset And Death: One hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized cerebral arteriosclerosis — 10 yr.

DUE TO (c) Arteriosclerosis - generalized. — 10 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1). Congestive heart failure & Auric. fibrillation: 6 mo. (2). Metastatic malignancy - origin unknown. ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ — Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10 July, 19 53, to 18 Dec., 19 53, that I last saw the deceased alive on 18 Dec., 19 53, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Robt. A. Abraham, M.D. ADDRESS 111 Allegheny Ave Towson 4 Md DATE SIGNED 12/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Dec. 22, 1953; NAME OF CEMETERY OR CREMATORY Moreland Memorial Pk; LOCATION (City, town, or county) Parkville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 20, 1953; REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

VS. A15

VED

1953

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11899

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea MD; LENGTH OF STAY (in this place) 21 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4201 Prague Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea MD. Rural; STREET ADDRESS (If rural give location) 4201 Prague Ave

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Elizabeth (Last) Fowler

4. DATE OF DEATH: (Month) (Day) (Year) December 8 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 15 '79

9. AGE last birthday: 74 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House work.

11. BIRTHPLACE (State or foreign country): Falls River Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter M. Curran

14. MOTHER'S MAIDEN NAME: Mary A Reilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Agnes Fowler 4201 Prague Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 Immediate cause (a) Pulmonary Oedema — Interval Between Onset and Death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular Hypertensive Disease — 10 years

260X (c) Arteriosclerosis — 10 years

Diabetes — 10 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Dec. 8, 1953, that I last saw the deceased alive on 7 Dec., 1953, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

SIGNATURE: Michael J. Dausch (Degree or title) M.D. ADDRESS: 4636 Belair Road DATE SIGNED: 12/8/53

23. BURIAL, CREMATION / REMOVAL (Specify): DATE: DEC 11 1953; NAME OF CEMETERY OR CREMATORY: Holy Redeemer; LOCATION (City, town, or county) (State): 4400 Belair Rd Balto Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Diffpel Bros. ADDRESS: 7110 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY: Paltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Fort Howard, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2019 Kennedy Ave.

3. NAME OF DECEASED: (First) LEONARD (Middle) B (Last) FRANCE
4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/27/99
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Structural steel erector - self
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newport News, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H France
14. MOTHER'S MAIDEN NAME: Lilly A Beggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.: 220 07 2141
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) LAENNEC'S CIRRHOSIS ADVANCED — Unknown
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) BLEEDING ESOPHAGEAL VARICES
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1953, to Dec. 5, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 2:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard K Peacock — HOWARD K PEACOCK M.D.
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 12-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Balto, Maryland

DATE REC'D BY LOCAL REGISTRAR: DEC 8 1953
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wiedefeld & Son Funeral Home
ADDRESS: Greenmount & 22nd St. Balto, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12901 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   - COUNTY: Baltimore
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex, Md.
   - MARYLAND LENGTH OF STAY (in this place): 55 years
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: #3 Epping Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: Maryland
   - COUNTY: Baltimore
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex, Md.
   - STREET ADDRESS (If rural give location): #3 Epping Ave.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) IRENE (Last) FRANKLIN

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 14 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Oliphant

14. MOTHER'S MAIDEN NAME: Mary Oliphant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

356.1
Immediate cause (a) ... Respiratory paralysis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ...
DUE TO (c) Amyotrophic Lateral Sclerosis — 11 mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to Dec., 1953, that I last saw the deceased alive on Dec. 27, 1953, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. R. Rodgers, M.D. ADDRESS: 815 Eastern Ave. DATE SIGNED: Dec. 27/1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/29/53 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Taylor Ave. Md.

DATE REC'D BY LOCAL REGISTRAR: 12-28-53 — REGISTRAR'S SIGNATURE: A. W. Herrick — 24. FUNERAL DIRECTOR: John O'Connelly — ADDRESS: Essex 21 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11502 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH:
COUNTY Catonsville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Recedo Knoll Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Catonsville
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2042 Mura Street

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Mary Elizabeth (Last) Garrity

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	May 7, 1876	77 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Kilchenstein	? Pinning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mr. Edward Garrity, 2030 Mura Street

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebro-Vascular Accident — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerosis — DUE TO

260 X — (c)

Interval Between Onset And Death: 4 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1948, 19..., to Dec., 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Roy M. Zimmerman	M.D.	2858 Harford Rd. Baltimore	Dec. 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 16, 1953	Holy Redeemer Cem.	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-53	A. J. W. Hoffmeister	Leonard J. Ruck	5305 Harford Road.

Dr. Zimmerman
2858 Harford Road
before 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]203

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) HOWARDVILLE
MARYLAND
LENGTH OF STAY (in this place) 2 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE, Md
STREET ADDRESS (If rural give location) 707 Garysbrook

3. NAME OF DECEASED: (Type or Print) (First) MARGARET ALICE (Middle) GESSford (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 12-16-1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Oct. 28-1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Pryor

14. MOTHER'S MAIDEN NAME: Olivia Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: HARMON P GESSford - Towson, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) ... DUE TO ... Hypertensive cardiovascular disease — Interval Between Onset And Death 4 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 June, 1953, to 16 Dec., 1953, that I last saw the deceased alive on 13 Dec, 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul H. Royse M.D. ADDRESS Pikesville 8 Md. DATE SIGNED 16 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/18/53

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) (State) Pikesville Md

DATE REC'D BY LOCAL REGISTRAR 12-17-53

REGISTRAR'S SIGNATURE Mary D. Elvin.

24. FUNERAL DIRECTOR Frank H. Purnell, Pikesville ADDRESS Md

VS. A15-1

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 ... 1203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5743 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3028 E Baltimore St

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) W. (Last) GIBSON

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 21 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Sewage Dept

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Gibson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Robert Bartlett 1117 Stamford Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardio-Vascular Disease — Interval between onset and death: 3 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Right Hemiplegia — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — 1 year

19a. DATE OF OPERATION: 1953

19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Dec 21, 1953, that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE W. Grafton Hersperger (DEGREE OR TITLE) M.D. ADDRESS 214 Medical Arts Building DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Dec 24 1953 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Fredrick W. McCook Inc — ADDRESS 1717 St Paul St

V D.M.

Film#G160 Item# 12 1/6/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
7103 MARTELL AVE. Balto.
COUNTY Dundalk Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7103 MARTELL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
7103 MARTELL AVE. Balto.
STATE Md. COUNTY Dundalk
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
STREET ADDRESS (If rural give location) 7103 MARTELL AVE.

3. NAME OF DECEASED: (First) (Middle) (Last)
(Type or Print) CARMELO J. GIARDINA OR GIORDINA

4. DATE OF DEATH: (Month) DEC. (Day) 19 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT 18 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: STEEL

11 BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH GIARDINA

14. MOTHER'S MAIDEN NAME: CATHERINE Buemi

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-07-4801

17. INFORMANT & ADDRESS: ALBERT GIARDINA 7103 MARTELL AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of the Stomach — Interval Between Onset And Death: June 1953

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21 ..., 1953 to 12-19 ..., 1953, that I last saw the deceased alive on 12-19 ..., 1953, and that death occurred at ... 3 ... P.M., from the causes and on the date stated above.

SIGNATURE Eugene F. Neary (Degree or title) M.D. ADDRESS 7001 Morning Star Rd Dundalk 22 Md DATE SIGNED 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF DEC. 22/53 NAME OF CEMETERY OR CREMATORY HOLY REDEEMER BELAIR RD. & MORAVIA AVE. LOCATION (City, town, or county) Md. (State)

DATE REC'D BY LOCAL REGISTRAR 12-21-53 REGISTRAR'S SIGNATURE A.W. Hedrich dmr.

24. FUNERAL DIRECTOR ADDRESS FRANK DELLA NOCE 322 S. HIGH ST.

Vs. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1506

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville; LENGTH OF STAY (in this place) 27 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bradshaw Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville Md.; STREET ADDRESS (If rural, give location) Bradshaw Rd.

3. NAME OF DECEASED (Type or Print): (First) Marie; (Middle) C; (Last) Green

4. DATE OF DEATH: (Month) Dec; (Day) 9; (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 29 1898

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Miller.

14. MOTHER'S MAIDEN NAME: Amelia Beckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Edw Green Bradshaw Rd. Kingsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1707

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastatic Carcinoma of Cervical Nodes — 3 mos +

(c) Lungs with Jaundice + Ascites (Secondary to Ca. of Breast) — 3 mos +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Hypertensive Myocarditis — 3 mos. +

19a. DATE OF OPERATION: January 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt. Breast.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 5, 1953, to Dec. 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 5 30 a. m., from the causes and on the date stated above.

SIGNATURE: Isabel H. McClinton (Degree or title) M.D. ADDRESS Bel Air Rd. Kingsville, Md. DATE SIGNED Dec. 10/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 12-13-53; NAME OF CEMETERY OR CREMATORY: Blenheim Sweet Air; LOCATION (City, town, or county) (State): Balto Co. Md.

DATE REC'D BY LOCAL REG. 12/13/53; REGISTRAR'S SIGNATURE W. D. Whittemore

24. FUNERAL DIRECTOR: Lassahn Funeral Home; ADDRESS 7401 Belair Rd.

VS. A1

RECEIVED
DEC 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cub Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Knoll Acres Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cub Hill
STREET ADDRESS (If rural give location) Knoll Acres Drive

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Anna E. (Last) Gregory
4. DATE OF DEATH: (Month) Dec. (Day) 18th (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 8, 1893
9. AGE Last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Harry L. Gregory, Knoll Acres Drive

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Metastatic adeno-carcinoma, base of skull. 4 mons.
DUE TO liver and abdominal lymph glands
(b) ...
DUE TO
(c) Adeno-carcinoma caecum & ascending colon 8 mons

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 22 June 1953
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma caecum and ascending colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 April, 1953, to 18 Dec., 1953, that I last saw the deceased alive on 17 Dec., 1953, and that death occurred at 2.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John N. Barnaby M.D 1531 E North Ave Baltimore 13 Md 18 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12- -1953
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE A. W. Hedrick per LL
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS Leonard J. Ruck, 5305 Harford Rd. #14

Dr Ko
1531 E 7-6

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1205

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY Balto. Co. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn | LENGTH OF STAY (In this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnnycake Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md | COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) Johnnycake Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	Howard	Gunther	Dec 21, 53 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	Apr. 10, 1905	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	Air refrigeration	Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Gunther	Elizabeth Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes		Mrs Etta Gunther

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jer McKieffer MD Deputy	Balto Co	1010 Leadenhall Dec 22, 53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/24/53	London Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/03	August W. Hansen	Mac Nabb & Son	Catonsville 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

Film #G160 Item # 12 1/7/54 emp

1269

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pines in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2202 Southland Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	HAND	Dec.	31	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Feb. 20, 1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
housewife		Canada	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Spencer Robinson	Margaret Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Mr. John R. Hand-2202 Southland Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral hemorrhage	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive arteriosclerotic cardio-vascular disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 24, 1949, to Dec 31, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dorsey A. Kemp, Phys	4116 Edmondson Ave.	Jan 2 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/4/54	Mt. Olivet Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/5/54	[illegible] Registrar	Wm. J. Wiesner & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 210

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place) 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS 277 Langley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 277 Langley Road

3. NAME OF DECEASED: (Type or Print) (First) PHYLLIS (Middle) (Last) HANNON
4. DATE OF DEATH (Month) (Day) (Year) 12 - 7 19 53
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9-18-53
9. AGE last birthday: 2 months
IF UNDER 1 YEAR: Months 2 Days 27
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Jackson Hannan.
14. MOTHER'S MAIDEN NAME: Evelyn Stinchcomb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Fred J. Hannan.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Anemia

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William U. Booth M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-9-53
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Balto Co Md.

DATE REC'D BY LOCAL REG. 12-8-53
REGISTRAR'S SIGNATURE A.W.Hedrich LL
24. FUNERAL DIRECTOR J.J. Brzezynski
ADDRESS 1407 Eastern Ave Balto

VS. A15A - 5 - 53

209 22 2418

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Laryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold
STREET ADDRESS (If rural, give location): 54 Magothy Ave., Shore Acres

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) J. (Last) HARTMAN
4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 1-23-94
9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Printing Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry J. Hartman
14. MOTHER'S MAIDEN NAME: Catherine Blum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 219-10-6782
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

540.1
Immediate cause (a) ACUTE PERITONITIS DUE TO PERFORATED GASTRIC ULCER — 24 hours
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) LUNG ABSCESS — UNKNOWN
(c) PULMONARY EMPHYSEMA — UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1953, to Dec. 21, 1953, that I last saw the deceased alive on [illegible], and that death occurred at 2:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert C Duvall MD — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/24/53 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12-22-53 — REGISTRAR'S SIGNATURE: A.W.Hedrich

24. FUNERAL DIRECTOR — ADDRESS: John J. Cowan & Son Funeral Home, Hollins & Poppleton Streets, Baltimore, Md.

dmr.

MARGIN RESERVED FOR BINDING

I

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 Md
LENGTH OF STAY (in this place) since 1/24/42
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED: (First) Frederick (Middle) (Last) Hayes
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 1, 1877
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York City, N.Y
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Frederick
14. MOTHER'S MAIDEN NAME: Elizabeth Combes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4221
Immediate cause (a) Weakness of the heart muscles (= hypertrophy)
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hardening of the heart arteries
DUE TO
(c) Generalized hardening of arteries

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19....., that I last saw the deceased alive on 12/20, 19 53, and that death occurred at 12/25/53 3:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bruno Radauskas Spring Grove State Hospital 12/25/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Dec 28-1953 NAME OF CEMETERY OR CREMATORY Moreland Memorial LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 12-28-53
REGISTRAR'S SIGNATURE A W Heckrotte
24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc - 1217 St Paul St

JST

Haywood

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
LENGTH OF STAY (in this place): 15 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wayne Convalescent Home 98 Smithwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2909 Westwood Ave.,

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Haywood, Sr.

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 2, 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Route Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Milk

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Washington G. Haywood

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Melvin R. Haywood 5206 Reisterstown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-0-0

Immediate cause (a) [illegible] DUE TO Pneumonitis Bilat

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] DUE TO Arteriosclerosis Generalized

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1952, to 22 Dec, 1953 that I last saw the deceased alive on 18 Dec, 1953 and that death occurred at 9:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] M.D. — ADDRESS: 1707 Edmondson Ave Catonsville 28 md — DATE SIGNED: 22 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-24-1953 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: G. Howard Strong 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1454

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Townsend Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 301 Townsend Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Anna (Last) Heiser

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: July 18 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: John C Bittner

14. MOTHER'S MAIDEN NAME: Caroline Faust.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Franklyn Behler. 301 Townsend Rd Essex 21-md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral Hemorrhage	1 month
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-sclerotic cardio-vascular	
DUE TO	(c) disease with hypertension	3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1952, to Dec 10, 1953, that I last saw the deceased alive on Dec 9, 1952, and that death occurred at 7.35 A.m., from the causes and on the date stated above.

SIGNATURE Joseph Mech (DEGREE OR TITLE) M D ADDRESS 423 Eastern Ave Baltimore Md DATE SIGNED 12/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 12/10/53

NAME OF CEMETERY OR CREMATORY St. Matthews

LOCATION (City, town, or county) (State) Penna.

DATE REC'D BY LOCAL REG. 12/11/3

REGISTRAR'S SIGNATURE Edith Hur.

24. FUNERAL DIRECTOR John A Connelly. ADDRESS Essex-21, md.

VS-A16 8-51

RECEIVED
DEC 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2315

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 1½ yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 508 Lafayette Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural, give location) 508 Lafayette Ave

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) J. (Last) HENKEL Sr.

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Married	Nov. 21, 1883	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Anderson & Ireland, Balto. Md.

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry A. Henkel

14. MOTHER'S MAIDEN NAME: Elizabeth Buchwald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Lillian M. Henkel, 508 Lafayette Av

18. MEDICAL CERTIFICATION Catonsville 28, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute coronary thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic cardio-vascular disease.	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 9, 19 47, to Dec. 7, 19 53, that I last saw the deceased alive on Dec. 7, 19 53, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

SIGNATURE Mary A. Rupp MD (DEGREE OR TITLE) ADDRESS 4116 Edmondson Avenue DATE SIGNED Dec. 9, 1953

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 10/53	Western	Baltimore, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/10/53	[illegible]	Harry A. Kirkpatrick	401 Edmondson ave.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11016

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X 812 Register — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost N. H

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 6210 Brook Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	J	Hicks	Dec	7	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	widowed	June 30, 1866	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gilder (Pictures)	Baltimore Art	Baltimore City Md	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of ——)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Mr Herbert F Hicks 6210 Brook Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Hypertensive Vascular disease cerebral hemorrage — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1953, to Dec 7, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D ADDRESS 1. WOUERLEA AVE DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/10/53	Parkwood Cem.	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 12, 1953	Mabel L. Gray	Loraine Funeral Home	7401 Belair Rd.

VS. A15

RECEIVED
DEC 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
STREET ADDRESS (If rural, give location) 115 Center St.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) S. (Last) Hill
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-3-88
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wright Hill
14. MOTHER'S MAIDEN NAME: Chessie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-1588
17. INFORMANT AND ADDRESS: Estelle Hill, 115 Center St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X
Immediate cause (a) Cancer

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5 19 53, to Dec 31 19 53, that I last saw the deceased alive on Dec 31 19 53, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. 101 N. main St Phoenix Md 1/5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1-3-54 | NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park | LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 1-4-54 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Charles R. Law | ADDRESS: 802 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 18 hrs 30 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): Brooklyn Park 208th 4th Avenue Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
AUSTIN	L.	HODGES	December 1 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11-5-84	69 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Physicist		Charleston, S. C.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hodges	Martha Mitchell

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) CIRRHOSIS OF LIVER — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30 1953, to Dec. 1, 1953, [illegible] 7:30 P.M. 2:00 P.M. and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURY (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 12-2-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/4/53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: [illegible]

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: George J. Gonce Funeral Home 4001 Governor Ritchie Highway, Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11919

Reg. Dist. No. 47

1. PLACE OF DEATH:
County: Baltimore
City or town: Kensington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Kensington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 712 Devonshire Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Elsie V. Hunter

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Joseph Hunter, Deceased
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 23, 1882

8. AGE: Years	Months	Days	If less than one day
71	4	21	hrs. min.

9. Birthplace: York, Pa. (Town, county, and state)
10. Usual occupation: Home Duties
11. Industry or business:

MOTHER FATHER
12. Name: Reubin Rauhauser
13. Birthplace: York, Pa.
14. Maiden name: Malenda Reichner
15. Birthplace: York, Pa.

16. Informant: Harry G. Beppler
Address: 712 Devonshire Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-17-53 (month) (day) (year)
Cemetery or crematory: Meadow Ridge
Location: Elkridge, Howard Co., Md.
18. Funeral director: Fred W. Holt
Address: 1915 W. Baltimore St.
19. Dec 16 1953 (Date rec'd by registrar) C. W. Bernard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 14th 1953 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November, 1952 to Dec. 14 1953 and that I last saw h alive on Dec. 10, 1953

Immediate cause of death	DURATION
Acute Tic Douloureux	
Due to Cerebro-Vascular accident	years
Due to Arteriosclerosis	
Cardiac Failure	5 yrs.
Other conditions	
4 + 3 X	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James A. Shekell, M.D. M. D. or other
Address: 1945 W. Baltimore St. Date signed: 12/14/53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 8-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 0820

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 WILTON ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 601 WILTON ROAD
STREET ADDRESS (If rural give location) TOWSON

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) JAENICKE

4. DATE OF DEATH: (Month) DEC. (Day) 6 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: SEPT. 29, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): CHIEF BOATSWAIN - RET.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. M.M. EDWARDS 601 WILTON RD. TOWSON 4, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4 Immediate cause (a) Acute Cardiac Failure — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950, to Dec. 6, 1953, that I last saw the deceased alive on Dec. 6, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Laurence C. Fosh (Degree or title) M.D. ADDRESS 6805 York Rd. DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF DEC. 10, 1953 NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL LOCATION (City, town, or county) ARLINGTON, VIRGINIA (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 8, 1953 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR JOHN BURNS' SONS ADDRESS TOWSON, MD.

DEC 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]221

CERTIFICATE OF DEATH

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1550 Northwick Rd.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) L. (Last) Jett

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: May 15-1874

9. AGE last birthday: 79. yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis J. D. Webb.

14. MOTHER'S MAIDEN NAME: Postley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Reginald Stewart, 1550 Northwick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 174X Pneumonia of Lungs and

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension & Arteriosclerotic heart

DUE TO

(c) Chronic Lobl failure

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1953, to Dec 26, 1953, that I last saw the deceased alive on Dec 20, 1953, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Dallas B Bush M.D. 185 Eager St Baltimore Dec 27. 53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 12/28/53

NAME OF CEMETERY OR CREMATORY London Park Crematory

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 12-26-53

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS Balto.

355

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1122

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cord age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Catonsville
MARYLAND LENGTH OF STAY (in this place): 5 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold Maryland
STREET ADDRESS (If rural, give location): Unknown.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) (Last) Jordan

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unknown

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service): Unknown.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163 X

Immediate cause (a) Carcinoma of lung — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome assoc with CNS Syphilis Unknown.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1953, to Dec 7, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 8 a.m. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) F. L. Rueling, MD ADDRESS Spring Grove State Hosp DATE SIGNED 12/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/9/53

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: John A. Moran 3000 E. Balto. St. Balt

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

11923 44

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; MARYLAND; LENGTH OF STAY (in this place) 49 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 402 E. Preston Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD; (Middle) F.; (Last) JOYCE

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8-11-14

9. AGE last birthday: 39 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Counter man

10b. KIND OF BUSINESS OR INDUSTRY: Race track

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mack Joyce

14. MOTHER'S MAIDEN NAME: Florence Housman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 217-10-5074

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

Immediate cause (a) PAPILLARY CARCINOMA, RIGHT KIDNEY, WITH GENERALIZED METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c)..

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 19 53 to Dec. 21, 19 53, [redacted] and that death occurred at 1:28 P.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) IRVING FREEMAN, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 12-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE 12-22-53

NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery

LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG. 12/21/53

REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. ADDRESS Baltimore, Md.

Shipped to: Hafer Funeral Home, Cumberland, Maryland Mildred T. Blight

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11524

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) RURAL BALTO
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD- COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL BALTO
STREET ADDRESS (If rural give location) 7636 OLD BATTLE GROVE RD. BOX 206

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) KAIGER or KAISER (Last)

4. DATE OF DEATH: (Month) DEC. (Day) 1 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC 23" 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 11 Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (State or foreign country): POLAND Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: KOVACH

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: JAMES KAIGER 7636 OLD BATTLE GROVE RD BOX 206

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 190X DUE TO Malignant Melanoma — Interval Between Onset And Death 6 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO with Metastases (Generalized)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953, to Dec 1 ., 1953., that I last saw the deceased alive on Dec 1 .., 1953 and that death occurred at 8 12 P.M., from the causes and on the date stated above.

SIGNATURE Eugene F Neus (Degree or title) M.D. ADDRESS 7001 Morningston Rd Dundalk md DATE SIGNED 12 25

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF DEC 30 1953

NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM

LOCATION (City, town, or county) (State) DUNDALK AVE BALTO MD

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Marie Fratkowski 1000 S. Kenwood ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11925

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills — LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bonita Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills, Md.
STREET ADDRESS (If rural give location) Bonita Ave.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Lewis (Last) Kendig

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 8, 1854

9. AGE last birthday: 99 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Miller

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Kendig

14. MOTHER'S MAIDEN NAME: Anna Roher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Hans Lampe, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Art. Sclerosis — 20 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1941, to Dec. 7, 1953, that I last saw the deceased alive on Dec. 7th, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. — ADDRESS Pikesville-2 Md — DATE SIGNED Dec 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 10, 1953 — NAME OF CEMETERY OR CREMATORY Reisterstown Methodist — LOCATION (City, town, or county) / (State) Reisterstown, Md.

DATE REC'D BY LOCAL REGISTRAR 12-9-53 — REGISTRAR'S SIGNATURE Mary D. Eline

24. FUNERAL DIRECTOR — ADDRESS J. F. Eline & Sons, Reisterstown, Md.

BUREAU V. S.

10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]326

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard ✓

LENGTH OF STAY (in this place) 103 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - r 03X-1

STREET ADDRESS (If rural, give location) 3805 Coolidge Avenue

3. NAME OF DECEASED: (Type or Print) (First) OLIVER (Middle) C. (Last) KENDRICK

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	11-20-98	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
MACHINIST	Soap Factory	Carthage, Texas	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John T. Kendrick	Allie Ann Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW-1	213-10-6404	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF COLON WITH METASTASIS	UNKNOWN
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 19 53, to Dec. 5, 19 53, ~~that I last saw the deceased~~ alive on ~~[illegible]~~ and that death occurred at 3:40 a.m., from the causes and on the date stated above.

SIGNATURE Howard T. Pedlock, M. D. (DEGREE OR TITLE) ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 12-5-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec.8,1953	Baltimore National Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Nitzke Funeral Directors	[illegible] Sts., Baltimore, Md.

4/01 Edmondson Av. Balto. 29

VS. A-5 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1-1227

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6418 Pinehurst

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 6418 Pinehurst.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) M. (Last) Kilmore

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1953

5. SEX: Fem

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 3-1-70

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): York Co Pa

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Elizabeth Bachman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S ADDRESS: John H. Kilmore, 1554 Sheffield Rd Balto 26

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerotic Cardio-Vascular-Renal Disease — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1941, to Dec 18, 1953, that I last saw the deceased alive on 18 Dec, 1953, and that death occurred at 7:17 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Samuel Silverfeld, M.D. ADDRESS 714 E. Preston St. DATE SIGNED 18 Dec 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-20-53 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cem — LOCATION (City, town, or county) (State) Hanover York Co Pa

DATE REC'D BY LOCAL REG. 12-20-53 — REGISTRAR'S SIGNATURE Mary D. Cline.

24. FUNERAL DIRECTOR R B Wentz mandeville Wm of — ADDRESS

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11928

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1031 Beechfield Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY 1; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus - Balto Co 51; STREET ADDRESS (If rural, give location) 1031 Beechfield Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Carroll (Last) Kreis

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1879

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Tool R.M.

10b. KIND OF BUSINESS OR INDUSTRY: Federal Tin Co

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry P Kreis

14. MOTHER'S MAIDEN NAME: Emma Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Mary C. Kreis - 1031 Beechfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastasis of Bronchogenic Carcinoma — Interval Between Onset and Death: 1½ yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1953

19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma, left with metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec 28, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 11:20 A m., from the causes and on the date stated above.

SIGNATURE John F. Donaldson (Degree or title) M.D. ADDRESS 4201 Williams Ave DATE SIGNED 12/30/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-31-53

NAME OF CEMETERY OR CREMATORY: Cathedral

LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 1-2-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Greenhalgh & Son

ADDRESS: Greenmount & 22nd St.

DR J. F CHALLAHAN
BEECHFIELD + WILKINS

(2 PHOTOSTATS)

SURNAME to KRIZ: film G160 1-5-54 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11329

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Marsh ✓
LENGTH OF STAY (in this place): ✗
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✗

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Marsh ✓
STREET ADDRESS (If rural, give location): Ebenezer Road

3. NAME OF DECEASED (Type or Print): (First) MATTHEW (Middle) Kriz (Last) ~~KRIZ~~ KRIZ

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 16, 1880

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mildred Szoltek, dght, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Lung — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1953, to Dec 28, 1953, that I last saw the deceased alive on Dec 28, 1953 and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD ADDRESS: Balto 6 Md DATE SIGNED: 12/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 12/31/53 — NAME OF CEMETERY OR CREMATORY: Greenmount Cematory — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/2/54 — REGISTRAR'S SIGNATURE: ✓

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 2601-3-5 E. Madison St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]330

CERTIFICATE OF DEATH

Reg. Dist. No. 3 0 ...

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Catonsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 26 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Balto.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Catonsville

STREET ADDRESS (If rural give location): 26 Overbrook Rd.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	RAYMOND	J.	LAMBERT		Dec.	2,	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 14, 1896	57 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Supt. Building . Construction		Wisconsin	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edmund Lambert	Constance Dequaine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Mrs. Nellie W. Lambert-26 Overbrook Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Cardiac failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary occlusion — 7/22/53
DUE TO
(c) Coronary atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22/ ,19 53, to 11/30/53 19 , that I last saw the deceased alive on 11/30/ , 19 53, and that death occurred at 12/2/53 , from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard C Aikman, MD		803 Cathedral St., Balt., Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/5/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 4 1953	A. W. Jenkins	Wm. J. Dickney & Sons	Balto 17, Md.

Film #G160 Item # 12 12/22/83 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn | LENGTH OF STAY (in this place) 25 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3700 Sylvan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3700 Sylvan Drive

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) E. (Last) LaMotte
4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 1, 1884
9. AGE last birthday: 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nova Scotia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E. Merriam
14. MOTHER'S MAIDEN NAME: Julia M. Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: John E. LaMotte 3700 Sylvan Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410 X

Immediate cause (a) Heart incompetency

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Valvular incompetency

(c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Macrocytic Anemia.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Dec 12, 1953, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 1.45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Dalman ADDRESS Pikesville 8, Md DATE SIGNED Dec 12/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-15-1953 | NAME OF CEMETERY OR CREMATORY: Lorraine Park | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 12-14-53 | REGISTRAR'S SIGNATURE: A. N. Hedrick

24. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,

JSF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 40 — 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 236 Maglidt Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm
STREET ADDRESS (If rural, give location): 236 Maglidt Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) L (Last) Laudenklos
4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	Dec-25-1910	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TRUCK FARMER	own Farm	Balto. Co.	U.S.A.

13. FATHER'S NAME: Leonard K. Laudenklos
14. MOTHER'S MAIDEN NAME: Katherine Schuessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Leonard Laudenklos - 236 Maglidt Ave

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Gunshot through head - 22 rifle	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Depression from poor health in general	20 yrs.
(c)		

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title): Rollin C. Hudson M.D., D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 12/7/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/10/53	Parkwood Cem.	Balto. MD

DATE REC'D BY LOCAL REG. 12/9/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd Balto. 6. MD

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 3.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7345 YORKTOWNE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NEW YORK — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
STREET ADDRESS (If rural give location) ST. GEORGE HOTEL

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWARD (Last) LAWRENCE

4. DATE OF DEATH: (Month) DEC. (Day) 7, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: DEC. 6, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ASST. TREAS.

10b. KIND OF BUSINESS OR INDUSTRY: BROADCAST MUSIC INC.

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD LAWRENCE

14. MOTHER'S MAIDEN NAME: MATILDA LAWRENCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: J. WESLEY STEVENSON 7345 YORKTOWNE DR. TOWSON 4, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1953, to Dec 7, 1953, that I last saw the deceased alive on Dec. 7, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE Laurence C. Todd (Degree or title) M.D. ADDRESS 6805 York Rd DATE SIGNED 12/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL DATE THEREOF DEC. 7, 1953 NAME OF CEMETERY OR CREMATORY OLIVER BAIR COMPANY LOCATION (City, town, or county) (State) PHILADELPHIA, PENNA.

DATE REC'D BY LOCAL REGISTRAR Dec. 7, 1953 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD. ADDRESS

RECEIVED
DEC 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Roland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural give location) Roland Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HENRY (Last) LEE

4. DATE OF DEATH: (Month) (Day) (Year) December 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept. 19, 1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Trucker- retired

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William N. Lee

14. MOTHER'S MAIDEN NAME: Elizabeth Coale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4428 Cardio-renal vascular disease — Interval Between Onset And Death: 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Senile changes with arteriosclerosis — Interval: Unknown

DUE TO (c) [illegible] with pyelitis and cystitis — Interval: 1 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy (for hypertrophy, benign) — Interval: 2 1/2 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1938, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 5 55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin E. Hudson MD. — ADDRESS Towson Md. — DATE SIGNED 12/3/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 4, 1953 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery — LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 4, 1953 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland — ADDRESS

RECEIVED
OCT 7 1953
BUREAU OF STANDARDS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]135

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 610 Dunbarton Ave

3. NAME OF DECEASED: (First) Elizabeth (Middle) Amelia (Last) Lewis

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Dec 13-1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. Franklin Lewis

14. MOTHER'S MAIDEN NAME: Julia Morford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Hx. of			
Immediate cause	(a)	Arteric Sclerotic	Unknown
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cardio Vascular disease	2 mths
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 19 46, to Dec. 18, 19 53 that I last saw the deceased alive on Dec. 18, 19 53, and that death occurred at 8:01 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter T. Lee M D. Cockeysville Md 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 12/21/53 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 12/21/53 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, St Paul & Preston ADDRESS

REC
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 4212 LaSalle Avenue,

3. NAME OF DECEASED (Type or Print): (First) DUNCAN (Middle) (Last) LIVINGSTONE Sr
4. DATE OF DEATH: (Month) December (Day) 1 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4-14-97
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Auto Trimmer
10b. KIND OF BUSINESS OR INDUSTRY: Auto Top Co.
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Duncan Livingstone
14. MOTHER'S MAIDEN NAME: Elizabeth Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 219-32-1659
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) PARTIAL CYSTECTOMY FOR CARCINOMA OF BLADDER — Interval Between Onset And Death: 14 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) LUNG ABSCESSES — About 12 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-17-53
19b. MAJOR FINDINGS OF OPERATION: Partial cystectomy
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 19 53, to Dec. 1, 19 53, [illegible] and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 12-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-4-1953
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-3-53
REGISTRAR'S SIGNATURE: W W Hedrick
24. FUNERAL DIRECTOR: Leonard J. Ruck Funeral Home
ADDRESS: 5305 Harford Rd Baltimore, Md.

Item 1, [illegible] 12 20 /smnb

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11937

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ap... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Middle River; MARYLAND; LENGTH OF STAY (In this place) ....; HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 Selfridge Rd., Victory Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural, give location) 57 South Ridge Road

3. NAME OF DECEASED (Type or Print): (First) GARY (Middle) (Last) LOGAN

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 5 - 1953

9. AGE last birthday: 7 mos yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mack N. Logan

14. MOTHER'S MAIDEN NAME: Barbara Teague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752.X Immediate cause (a) Hydrocephalus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ....

(c) ....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchopneumonia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ..., Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ..., suicide ..., homicide ..., undetermined ....*

SIGNATURE Joseph A. Jachimczyk (Degree or title) Asst. Medical Examiner ADDRESS -700 Fleet St.-Balto.2,Md. DATE SIGNED 12/16/53

23. BURIAL, CREMATION, REMOVAL, Specify(s) Interment; DATE THEREOF 12-17-53; NAME OF CEMETERY OR CREMATORY Brookstown Cemetery; LOCATION (City, town, or county) Brookstown, N.C. (State)

DATE REC'D BY LOCAL REG. 12-17-53; REGISTRAR'S SIGNATURE ....

24. FUNERAL DIRECTOR John S. Connelly, ADDRESS Easton

VS. A15A

2053202385

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1938

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Rosewood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 115 Rosewood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) M. (Last) Ludwig

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 17, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Ludwig

14. MOTHER'S MAIDEN NAME: Barbara Remlein

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Andrew Ludwig 115 Rosewood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) DUE TO Generalized Carcinomatosis. 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma of Sigmoid. 8 months.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Dec 13, 1953, that I last saw the deceased alive on Dec 13, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Michel M D 1015 Poplar Grove St Baltimore 16 Md Dec 15 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-16-53 NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 12/15/53 REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR George A. Farley ADDRESS Catonsville, Md.

VS/A15

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11939 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — LENGTH OF STAY (in this place) 60 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS LIBERTY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN MD
STREET ADDRESS (If rural give location) LIBERTY ROAD

3. NAME OF DECEASED: (First) IDABELLE (Middle) (Last) MANSFIELD
4. DATE OF DEATH: (Month) DEC (Day) 1 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: JUNE 1-1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DANIEL SUTCH-
14. MOTHER'S MAIDEN NAME: EMILY THOMPSON-

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: MR. SAMUEL MANSFIELD RANDALLSTOWN-MD

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X Immediate cause	(a) CORONARY OCCLUSION	4 HOURS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) HYPERTENSIVE C.V. DISEASE - SEVERE	5 YEARS
	DUE TO (c) DIABETES MELLITUS	5 YEARS
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	OBESITY - SEVERE	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV ..., 1948, to DEC 1, 1953, that I last saw the deceased alive on DEC 1, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Wheeler MD
ADDRESS Randallstown - Md.
DATE SIGNED 12-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-3-53
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) (State) Randallstown
DATE REC'D BY LOCAL REGISTRAR 12/21/53
REGISTRAR'S SIGNATURE W E Martin
24. FUNERAL DIRECTOR Weer Funeral Directors, Inc
ADDRESS Baltimore, Md
United H. Funeral

DEC
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 11yrs7mo.24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1[illegible] N. Fort Street

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) (Last) Markolf
4. DATE OF DEATH: (Month) December (Day) 2, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-2-1874
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Markolf
14. MOTHER'S MAIDEN NAME: Madeline Baird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cerebrovascular disease	Yrs.
	(c) Generalized arteriosclerosis	Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 12-2-53, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE: Sara E Bennett, M.D. (Degree or title)
ADDRESS: Spring Grove [illegible] Catonsville 28, Maryland
DATE SIGNED: 12-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 5th 1953
NAME OF CEMETERY OR CREMATORY: Mt Olivet
LOCATION (City, town, or county) (State): Frederick Road

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Leo B. Leo[illegible] ADDRESS: 1701-03 N. Patterson Park Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]41

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Rural - Freeland
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Middletown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland. COUNTY: Baltimore.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural - Freeland.
STREET ADDRESS (If rural give location): Middletown Rd.

3. NAME OF DECEASED: (Type or Print) (First) Estella (Middle) Grace (Last) Marstellar.

4. DATE OF DEATH: (Month) (Day) (Year) December 25, 1953.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married. | 8. DATE OF BIRTH: October 12 1884 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory.
11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Martin
14. MOTHER'S MAIDEN NAME: Penelope Jones.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ralph C. Marstellar - Freeland, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Congestive Heart Failure — Interval Between Onset And Death: 2 mo
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerosis — 2 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Dec. 25, 1953, that I last saw the deceased alive on Dec. 24, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. Porterfield M.D. | ADDRESS: Westminster, Md. | DATE SIGNED: 12-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 28 1953 | NAME OF CEMETERY OR CREMATORY: Pine Grove C.U.B. Cemetery | LOCATION (City, town, or county) (State): Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 12/28/53 | REGISTRAR'S SIGNATURE: Gladys L. Fuller

24. FUNERAL DIRECTOR: J. Jacob Harlenstein | ADDRESS: New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1841942

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-WOODLAWN
LENGTH OF STAY (in this place) 38 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2004 SUMMIT AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL + WOODLAWN
STREET ADDRESS (If rural give location) 2004 SUMMIT AVE.

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) THOMAS (Last) MARVEL

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH: JULY 18 1898

9. AGE last birthday: 55 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): POLICEMAN

10b. KIND OF BUSINESS OR INDUSTRY: POLICE DEPT.

11. BIRTHPLACE (State or foreign country): PENNA. Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM THOMAS MARVEL

14. MOTHER'S MAIDEN NAME: BEULAH HECKART

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 213-28-3880

17. INFORMANT & ADDRESS: WIFE - VIVIAN MARVEL

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X
Immediate cause (a) UREMIA.
DUE TO CHRONIC NEPHRITIS.

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) GENERALIZED ARTERIOSCLEROSIS CORONARY THROMBOSIS
DUE TO
(c) DIABETES MELLITUS

Interval Between Onset And Death
(a) 4 DAYS
(b) 6 MONTHS.
(c) 10 YEARS. ONE YEAR.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 10, 1949, to DEC. 15, 1953, that I last saw the deceased alive on DEC. 14, 1953, and that death occurred at 7:00 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edwin L Pierpont, M.D. 8204 LIBERTY Rd., BALTO. 7, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-19-1953
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-17-53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,

51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

11543 Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford; STREET ADDRESS (If rural, give location) RFD # 1

3. NAME OF DECEASED (Type or Print): (First) ELI (Middle) G. (Last) MAXWELL

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-30-90

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sparta, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Maxwell

14. MOTHER'S MAIDEN NAME: Sarah Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	4 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
	(c) DIABETES MELLITUS	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC NEPHRITIS — UNKNOWN

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 19 53, to Dec. 27, 19 53, that I last saw the deceased alive on [illegible], and that death occurred at 8:50 P. m., from the causes and on the date stated above.

SIGNATURE F. G. Dickey (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Dec. 30, 1953; NAME OF CEMETERY OR CREMATORY: Emory Church Cemetery; LOCATION (City, town, or county) (State): Street, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 28 53; REGISTRAR'S SIGNATURE: Dawson L. Harbin

24. FUNERAL DIRECTOR: Harkins Funeral Home, Delta, Pennsylvania; ADDRESS

John W. Harkins

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1544

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (19) — LENGTH OF STAY (in this place) 24 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2622 BRANNAN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLARD (Middle) EUGENE (Last) McJILTON
4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 19 53
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 7 SEPT. 1906
9. AGE last birthday: 47 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANICAL MAINT. FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL McJILTON
14. MOTHER'S MAIDEN NAME: ANNIE WATTERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 217-01-3690
17. INFORMANT AND ADDRESS: MARY A. McJILTON - WIDOW - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary Insufficiency — 1/2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (Mild) — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Dec. 7, 1953, that I last saw the deceased alive on Dec. 7, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James T. Wilmot M.D. 520 D. St. Sparrows Pt. Md. 12/7/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 12-10-53 — NAME OF CEMETERY OR CREMATORY: HEREFORD BAPTIST — LOCATION (City, town, or county) (State): HEREFORD, Md.

DATE REC'D BY LOCAL REG. 12-10-53 — REGISTRAR'S SIGNATURE: Dawson L. Harbor — 24. FUNERAL DIRECTOR — ADDRESS: Walter Brown Bradley, Brooklandville Md.

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DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 Henry Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 2 Henry Avenue

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) MEISE (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 10th, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 15, 1875

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Glatzell

14. MOTHER'S MAIDEN NAME: Henrietta -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mr. Arthur Meise, 2 Henry Ave., Balto. 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
903.0 Immediate cause	(a) Bronchial Pneumonia	2 ds
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Left Humerus	1 wk.
260 X	(c) Diabetes Mellitus	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): 2 Henry ave — (COUNTY): Balto 6 — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 12/1/53 2 P. m. — INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fell in room

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 10, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE: Wm Bruns Gardner (Degree or title) MD — ADDRESS: Balto 6 Md — DATE SIGNED: 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 13, 1953 — NAME OF CEMETERY OR CREMATORY: St. Peters Lutheran Cem. — LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE REC'D BY LOCAL REG.: Dec. 11 1953 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

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DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 2 mo. 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 4511 Homer Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Grace	Irwin	Michael	December 18, 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	2-14-1879	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Laura Virginia Wheeler	James Lightbody Irwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Cardiac failure	10 minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 9244.9	(b) Arteriosclerotic heart disease	Years
DUE TO		
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur with surgical repair Sept., 1953

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7-, 19 53 to 12-18-, 19 53 that I last saw the deceased alive on 12-18-, 19 53, and that death occurred at 1.22 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B. Neumann Pinewood M.D. Spring Grove State Hospital Catonsville 28, Maryland 12-18-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 21/53	Lorraine Park	Baltimore Md

DATE REC'D BY LOCAL REG. [illegible] REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Young Byers 5005 Reisterstown

VS. A15 8-51

Film G-160 Item 21 1-13-54 SW

11947
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Towson, Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd. + Hillside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RIDERWOOD
STREET ADDRESS (If rural, give location) JOPPA ROAD

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Charles (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) DEC. 25, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAR. 20, 1923

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: FORD AUTO AGENCY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHESTER W. MILLER

14. MOTHER'S MAIDEN NAME: HILDA STOTZKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: 219-10-8286

17. INFORMANT & ADDRESS: FAMILY RECORDS -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Skull Fracture

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest

DUE TO

(c) Fracture left Femur

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) York Rd., Towson, Balto. (County) (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 25 53 1 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Driver of auto which struck streetcar

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William H. Gruber M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 12-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF DEC. 28, 1953

NAME OF CEMETERY OR CREMATORY MONKTON METH. CEM.

LOCATION (City, town, or county) (State) MONKTON, BALTO. CO. MD.

DATE REC'D BY LOCAL REG. Dec. 27, 1953

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS JOHN BURNS' SONS, TOWSON, MD.

VS. A15A - 5 - 53

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4218 Overton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 4218 Overton Ave

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Ermadine (Last) Mitcherling
4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: April 15 1878 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY: House work | 11. BIRTHPLACE (State or foreign country): Balto. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T Carter | 14. MOTHER'S MAIDEN NAME: Laura Slack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS: CARLISLE MITCHERLING 4218 OVERTON AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 2.1

Immediate cause (a) Pulmonary edema — Interval between onset and death: 24 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic cardio-vascular disease with mental instability and senile malnutrition — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Dec, 1953, that I last saw the deceased alive on Dec 1, 1953; and that death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Carlisle Mitcherling MD 6801 Belair Rd Dec 2, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Dec. 5-53 | NAME OF CEMETERY OR CREMATORY: Balto. Cem. | LOCATION (City, town, or county) (State): E. North Ave Balto Md

DATE REC'D BY LOCAL REG. 12-3 53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS: 7110 Belair Rd

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 96 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural, give location) 165 W. Henrietta Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERBERT		MOORE	December	28	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	Colored	Married	4-3-96	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Coal Miner		Gold Point, North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Moore	Lizzie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	234-38-5823	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
162 X **Immediate cause** (a) BRONCHOGENIC CARCINOMA WITH METASTASES TO THE RIBS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC EMPHYSEMA	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY Ooccur?
m.		

22. I hereby certify that I attended the deceased from Sept. 23, 1953, to Dec. 28, 1953, ~~that I last saw the deceased alive on ... 19...~~ and that death occurred at 4:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
FJDickey FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE,	VAH, FORT HOWARD, MD.	12-29-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/1953	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Arlington S. Phillips Funeral Home	1008 N. Monroe Street, Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY (UNFADING INK). Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

~~BIRTH NO~~ Baltimore County — Registered No. 74-41

1. NAME OF DECEASED (Type or Print): CATHERINE MORAN,

2. DATE OF DEATH: Dec. 30, 1953

3. PLACE OF DEATH: A Baltimore City, Maryland Rosedale

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8234 Philadelphia Rd.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Rosedale)
D. STREET ADDRESS (If rural, give location): 8234 Philadelphia Rd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 16, 1877
9. AGE (In years last birthday): 76 — If Under 1 Year: Months / Days — If under 24 Hours: Hours / Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Frederick Uhlhorn
14. MOTHER'S MAIDEN NAME: Catherine ? ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Celeste Hertzel — ADDRESS: 8234 Philad Rd

CERTIFICATION

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cirrhosis of liver. — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Infectious Hepatitis — 2 years

DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: None.

21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Decmb, 1953, *that I last saw the deceased alive on* Dec. 30, 1953, *and that death occurred at* 1:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: James R Nelson, M D. M. D.
23B. ADDRESS: 8019 Philadelphia Rd.
23C. DATE SIGNED: Dec. 31, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/4/54
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: 12-31-53
REGISTRAR'S SIGNATURE: A W Frederick
25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E Balto. St
Per N E Lewis

VS 150

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]51

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore
COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1627 Ruxton Ave

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) (Last) Morovitz

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Peddler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis

14. MOTHER'S MAIDEN NAME: Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Etta Morovitz - 1627 Ruxton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

782.4

Immediate cause (a) Cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) starvation schizophrenia reaction

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.22, 1953, to 12.25, 1952, that I last saw the deceased alive on 12.25, 1953, and that death occurred at 6. P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Stella Wachsler, M.D - Spring Grove State Hospital 12-25-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-27-53

NAME OF CEMETERY OR CREMATORY Rosedale

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 12-25-53

REGISTRAR'S SIGNATURE T. E. Harry

29. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

VS. A16 8-51

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1252

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 MARGARET AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 302 MARGARET AVE.

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) — (Last) MULLER

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 3/6/1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER-RET.

10b. KIND OF BUSINESS OR INDUSTRY: CITY OF BALTO.

11. BIRTHPLACE (State or foreign country) GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER MULLER

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: KATHERINE MULLER – 302 MARGARET AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
442.X
Immediate cause (a) Arterio-Sclerotic Cardio-vascular
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Renal Disease
DUE TO
(c)

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to Dec. 9th, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James F. White M.D. — ADDRESS 422 Eastern Ave. Baltimore 21, Md. — DATE SIGNED 12/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 12/12/53 — NAME OF CEMETERY OR CREMATORY OAKLAWN — LOCATION (City, town, or county) BALTIMORE (State) MD.

DATE REC'D BY LOCAL REGISTRAR 12/11/53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Clarence F. Hoffmann — ADDRESS 1639 Broadway

VS-A16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3457 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lutherville
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenspring Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lutherville
STREET ADDRESS (If rural give location) Greenspring Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Myers

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 17 Sep 1894

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thomas Myers

14. MOTHER'S MAIDEN NAME: Katherine Robinson

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) yes (If Yes, give war or dates of service) World War #1 24 July 1917 to 2 June 1919.

16. SOCIAL SECURITY No.: 218 03 5435

17. INFORMANT & ADDRESS: Mrs James Myers, Greenspring Ave Lutherville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) myocardial infarction — 10 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease 5 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Dec, 1953, that I last saw the deceased alive on 10 Dec., 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE: Kenneth Rouse — (Degree or title) M.D. — ADDRESS: Pikesville Md — DATE SIGNED: 10 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 12-1953 — NAME OF CEMETERY OR CREMATORY: Carroll's Chapel Cemetery — LOCATION (City, town, or county) (State): Baltimore County Md

DATE REC'D BY LOCAL REGISTRAR: 12-10-53 — REGISTRAR'S SIGNATURE: Mary B. Sherwell

24. FUNERAL DIRECTOR: Wm Berryman & Sons - Reisterstown — ADDRESS: Md

RECEIVED
DEC 17 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1054
-Reg. Dist:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard X
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Minster
STREET ADDRESS (If rural, give location) 136 E. Main Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) I. (Last) Myers

4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	12/25/89	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Jeweler	Self-employed	West Minster, Maryland	U. S. A.

13. FATHER'S NAME: William R. Myers

14. MOTHER'S MAIDEN NAME: Mary Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	None	Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

900.0
Immediate cause (a) 1. Multiple Skull Fractures
DUE TO 2. Sub Dural Hematoma
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 15 hrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
12/20/53	Done	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Westminster - Carroll Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
12-19-53. 5:00 P.M.		Fell down porch Steps —

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M.D. Davis M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 12/20/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 22/53	St. Johns Cemetery	East Main St., West Minster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-53	Mary B. Shue	Harvey Bankard & Sons,	254 East Main St. West Minster, Md.

DEC

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7841 Wise Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk; STREET ADDRESS (If rural, give location) 7841 Wise Avenue

3. NAME OF DECEASED (Type or Print): (First) MARY; (Middle) E.; (Last) NOVOTNY

4. DATE OF DEATH: (Month) December; (Day) 9; (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 7, 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Kapralek

14. MOTHER'S MAIDEN NAME: Barbara---Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Non

17. INFORMANT AND ADDRESS: Emme Hood, 7341 Wise Ave. 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary fat embolus due to fracture of pelvis and fracture of left forearm

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Dundalk, Baltimore County, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 12/9/53 5:30 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell down stairs

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. F. Fisher (Degree or title) M.D. ADDRESS: 700 Fleet St., Baltimore 2, Md. DATE SIGNED: 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 12-14-1953; NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER; LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG.: December 12, 1953; REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: FR. CVACH & SON; ADDRESS: 900 N. CHESTER ST.

js

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1956

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNESLIE (12) X
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 ANNESLIE ROAD X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNESLIE (BALTO. 12) V
STREET ADDRESS (If rural give location) 519 ANNESLIE ROAD

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) ELIZABETH (Last) NOWELL

4. DATE OF DEATH: (Month) DEC. (Day) 28, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: DEC. 27, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: School TEACHER

10b. KIND OF BUSINESS OR INDUSTRY: Kindergarten

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W Nowell

14. MOTHER'S MAIDEN NAME: Lydia Morris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. O. V. Hare, 519 Anneslie Road, Baltimore 12, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

C X

Immediate cause (a) Pulmonary Tuberculosis, Chronic Far Advanced DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28 ,1953, to 12/28 , 1953, that I last saw the deceased alive on 12/28 , 1953, and that death occurred at 8 A m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. S. Carr Jr M.D. 6201 York Rd 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 30 1953 NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1953 REGISTRAR'S SIGNATURE Mabel C. Gray MD

24. FUNERAL DIRECTOR John Burns' Sons, ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LUTHERVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RAILROAD AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LUTHERVILLE
STREET ADDRESS (If rural give location) RAILROAD AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FREDERICK (Last) OFF

4. DATE OF DEATH: (Month) DEC. (Day) 24, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JULY 25, 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): YARD MAN-RET.

10b. KIND OF BUSINESS OR INDUSTRY: COAL SUPPLY CO.

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) Carcinoma of Sigmoid
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 12 MOS.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/30/53

19b. MAJOR FINDINGS OF OPERATION: Ca of Sigmoid

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1953, to 12/23, 1953, that I last saw the deceased alive on 12/23, 1953, and that death occurred at 9.15 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Kenneth A. Haer MD
ADDRESS Lutherville
DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 26, 1953
NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEM.
LOCATION (City, town, or county) (State) TOWSON, MD.

DATE REC'D BY LOCAL REGISTRAR Dec. 26, 1953
REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD.
ADDRESS

VS. A15

RECEIVED
DEC [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto Co; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reckordville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reckordville; STREET ADDRESS (If rural, give location) Harford Rd

3. NAME OF DECEASED (Type or Print): (First) George (Middle) N (Last) Oren

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March-14-1873

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Co md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Isaac V Oren

14. MOTHER'S MAIDEN NAME: Susan Cassidy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-07-3417

17. INFORMANT AND ADDRESS: Mrs Geo N. Oren Harford Rd Hyde P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular dis. ?

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1953, to Dec. 5, 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leeford F. Hudson M.D. ADDRESS Fork, Md. DATE SIGNED 12/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 12/8/53; NAME OF CEMETERY OR CREMATORY Fork Christian Cem; LOCATION (City, town, or county) (State) Balto md

DATE REC'D BY LOCAL REG. 12-8-53; REGISTRAR'S SIGNATURE W Mumbert

24. FUNERAL DIRECTOR; ADDRESS Lassahn Funeral Home 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN /
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3605 Forest Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN Hagerstown (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Osborn

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 28, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Feb. 2, 1873	80 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: for deli
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Moran
14. MOTHER'S MAIDEN NAME: Rachel Whitcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Irvin C. Tillman 3605 Forest Grove Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Occlusion
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Hypertension

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1953, to 12-28, 1953, that I last saw the deceased alive on 12-27, 1953, and that death occurred at 6.40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr Chas F Abbott M.D. 4509 Liberty Heights Ave 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 31, 1953
NAME OF CEMETERY OR CREMATORY Reisterstown Methodist
LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REGISTRAR 12-30-53
REGISTRAR'S SIGNATURE Mary B. Elvin
24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN
DIRLAD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11960

Reg. Dist. No. 03

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspburg
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trumps Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspburg
STREET ADDRESS (If rural, give location) Trumps Mill Road Box 85

3. NAME OF DECEASED (Type or Print): (First) Beaula (Middle) Alica (Last) Osterhout
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 15, 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 18, 1901
9. AGE last birthday: 52 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore City Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thomasson
14. MOTHER'S MAIDEN NAME: Alice ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr Harry W. Osterhout Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident, extension of. — Interval Between Onset and Death: Approx 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Long Standing Hypertensive Cardiovascular Disease, Severe
(c) By history:- Gross cerebral pathology of undetermined etiology

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 pm 14 Dec, 19 53, to 5 AM 15 Dec 19 53, that I last saw the deceased alive on 7 pm 14 Dec, 19 53, and that death occurred at 15 Dec 53 5 A m., By History & from the causes and on the date stated above.

SIGNATURE John C. Hyde (Degree or title) MD ADDRESS 7527 Belair Rd Balto 6 Md DATE SIGNED 15 Dec 53-6 pm.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/18/53
NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 12/17/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Henry Sander & Sons Inc. Baltimore Maryland
Henry F. Sander.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]61

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville X
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1517 York Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville
STREET ADDRESS (If rural give location) 1517 York Road

3. NAME OF DECEASED: (First) MARY (Middle) ELLEN (Last) PALMER
4. DATE OF DEATH: (Month) December (Day) 8, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 16, 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Ernest C. Palmer, 1517 York Road, Lutherville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia — 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal — 10 yrs.
DUE TO (c) Arteriosclerosis, Hemi — Unk.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4, 1948, to 12-8, 1953, that I last saw the deceased alive on 12-8, 1953, and that death occurred at 11:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth A. Stacy M.D. ADDRESS Lutherville, DATE SIGNED 12/9/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 11, 1953
NAME OF CEMETERY OR CREMATORY West Liberty Cemetery
LOCATION (City, town, or county) (State) West Liberty, Balto. Co., Md.
DATE REC'D BY LOCAL REGISTRAR Dec. 11, 1953
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Catonsville
LENGTH OF STAY (in this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Catonsville
STREET ADDRESS (If rural, give location) 4201 Woodmere Avenue, Balto 15 MD

3. NAME OF DECEASED (Type or Print): (First) YETTA (Middle) (NMI) (Last) PASCOFF

4. DATE OF DEATH: (Month) DECEMBER (Day) 1 (Year) 1953

5. SEX: female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: October (?)1897

9. AGE last birthday: 56 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): AUSTRIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ISRAEL HEILPERN

14. MOTHER'S MAIDEN NAME: NETTIE SCHERR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MISS REBA HALPERN, 4201 Woodmere Ave, Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, atypical virus — Interval between onset and death: 3 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Edema, lung, secondery to right heart failure with Arteriosclerotic cardiovascular disease — less 1 day
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Schizophrenic reaction, chronic undifferentiated — 7 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from March 11, 1953, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Lindsey D. Campbell (Degree or title) M.D. ADDRESS Spring Grove State Hospital, Baltimore 28, Md. DATE SIGNED Dec 1 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/3/53 — NAME OF CEMETERY OR CREMATORY Bnai Israel Cem — LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Sol Levinson & Bro. ADDRESS 1126 N. North Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]362

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
MARYLAND
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural give location) Monkton Road

3. NAME OF DECEASED: (Type or Print) (First) Warner (Middle) Price (Last) Pearce

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 27, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Thomas Pearce

14. MOTHER'S MAIDEN NAME: Caroline Sparks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Marcella Pearce, wife, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic heart disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cardiac hypertrophy & dilatation DUE TO (c) auricular fibrillation

Interval Between Onset And Death: 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1953, to Dec 29, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sewell (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 1st 1954 NAME OF CEMETERY OR CREMATORY St James LOCATION (City, town, or county) (State) Monkton, Balto. Co. Md

DATE REC'D BY LOCAL REGISTRAR 12-31-53 REGISTRAR'S SIGNATURE Mrs Howard S. Madeline

24. FUNERAL DIRECTOR Martin L. Kurtz ADDRESS Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home 65

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 6811 Campfield Rd

3. NAME OF DECEASED: (Type or Print) (First) Tildora (Middle) C. (Last) Pfour

4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: Apr. 19, 1872 — 9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Balto Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Pfour — 14. MOTHER'S MAIDEN NAME: Elz Pfour

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT'S ADDRESS: Records Augsburg Home Campfield Rd

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Broncho - Pneumonia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio - Sclerosis Heart Disease	10 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arterio - Sclerosis	

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1940, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE Earl L. Chambers (Degree or title) M.D. — ADDRESS 4108 Liberty Hts. Balto 7 Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 21/953 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR December 1953 — REGISTRAR'S SIGNATURE K.W.S. — 24. FUNERAL DIRECTOR Edward Heneman — ADDRESS 6067 Harford Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

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Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Notch Cliff Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location) Notch Cliff Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Philipp
4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Sept. 29-1880
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Emp - Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Henry Philipp
14. MOTHER'S MAIDEN NAME: Kate Lenz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-7088A
17. INFORMANT AND ADDRESS: Mrs. Ida B. Philipp Notch Cliff - Glen Arm

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
I a 1.
Immediate cause (a) Heart disease, coronary occlusion — Interval between Onset and Death: Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Interval: Unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Rollin J. Hudson M.D., P.M.E. Towson Md 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-4-1954 | NAME OF CEMETERY OR CREMATORY Meadowridge Mem | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. January 2. 1954 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Leonard J. Ruck | ADDRESS 5305 Harford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11366

CERTIFICATE OF DEATH

Reg. Dist. No. 44

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 34 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 00,01-4

STREET ADDRESS (If rural give location): 4601 Roland Avenue

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) W. (Last) POND

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	7-12-96	57 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Advertising (self employed)		New York City, New York	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas W. Pond	Mary Whitaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 — (a) ARTERIOSCLEROTIC CORONARY THROMBOSIS WITH MYOCARDIAL INFARCTION — Interval Between Onset And Death: 36 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Dec. 14, 1953, ~~that I last saw the deceased~~ and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — DATE SIGNED 12-15-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	12/17/53	Green Mount	Balto. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
12-16-53	A W Kessler	William Cook Funeral Home Inc. St. Paul and Preston Streets, Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) Wood (Last) Price

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 31, 1916

9. AGE Last birthday: 37 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Orlando Price

14. MOTHER'S MAIDEN NAME: Frances Wood.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-140-337

17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 16 yrs

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1953, to 12-10, 1953, that I last saw the deceased alive on 12/10, 1953, and that death occurred at 10.15 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton B Thress — ADDRESS: Eudowood Sanatorium - Towson 4, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-14-53 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Balto - Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Wm J. Dickman & Sons — ADDRESS: North & Penna Aves.

VS. A15

Item 18 Film 160 1-19-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesaco Point
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 530 Patuxent Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesaco Point
STREET ADDRESS (If rural, give location): 530 Patuxent Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
RONALD	RODNEY	RAMPLEY	December 30 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White		2-15-50	3 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Balto Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Rambley | 14. MOTHER'S MAIDEN NAME: Inez Wentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Wm Rambley 530 Patuxent Ave. Balto 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X Immediate cause (a) Capillary bronchitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Focal bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Gould (Degree or title) | ADDRESS: 700 Fleet St., Baltimore 2, Md. | DATE SIGNED: 12/31/53

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-2-54	Uniontown Methodist	Uniontown Carroll Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JAN 1 - 1954	A. W. Hedrick, asst.	Wm. H. Bryzgwicke	1407 Eastern Ave Rd

js

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11[illegible]

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (3) Plymouth Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) (3) Plymouth Rd.

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) Elsie (Last) REYNOLDS

4. DATE OF DEATH (Month) Dec. (Day) [illegible] (Year) 19[illegible]

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH Jan. 2, 1880 | 9. AGE last birthday 23 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carroll Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver Larry Buckingham
14. MOTHER'S MAIDEN NAME Caroline Parish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Joseph H. York (3) Plymouth Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

H 22.1

Immediate cause (a) cardiac insufficiency — Interval Between Onset and Death: June 7 1953

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardio vascular disease — 1939

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 24, 1939, to Dec 15, 1953 that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 1 00 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS 4114 Edmondson Ave. DATE SIGNED Dec 16 1953.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12/17/53 | NAME OF CEMETERY OR CREMATORY Springfield Cemetery | LOCATION (City, town, or county) (State) Sykesville, Carroll Co. Md.

DATE REC'D BY LOCAL REG. 12-17-53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11974 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6559 ST. HELENA

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural give location): 6559 ST. HELENA AVE

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) FRANCES (Last) RIIFF

4. DATE OF DEATH: (Month) DEC (Day) 8 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: MAR-17-1900

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOHN ANDERSON

14. MOTHER'S MAIDEN NAME: CLARA ETZEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: DANIEL J. RIIFF 6559 ST. HELENA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 10 Minutes

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension arterio Sclerosis — 4 years
DUE TO (c) Cardio-vascular disease,

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-1949, to 12-8-1953, that I last saw the deceased alive on 12-8-1953, and that death occurred at 12-8-53, from the causes and on the date stated above.

SIGNATURE (Degree or title): Eugene F. Neu M.D. — ADDRESS: 7101 Wyoming Ave Dundalk 22 md — DATE SIGNED: 12-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: DEC 11, 1953 — NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REGISTRAR: 12-14-53 — REGISTRAR'S SIGNATURE: L L

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS: 712 DUNDALK

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 32 Overbrock Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Robinson

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 16, 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Hock

14. MOTHER'S MAIDEN NAME: Elizabeth Spurrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: r. Sedgwick L. [illegible]olinson 32 Overbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMATA OF THE BLADDER. — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 0
(c) 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: CARCINOMATA OF THE BLADDER AND PELVIS.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from SEPT. 20, 1950, to DEC. 13, 1953, that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. Lloyd Johnson M.D. 6348 FREDERICK ROAD. CATONSVILLE MARYLAND 12/14/

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/16/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12-15-53
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. Tickner & Son
ADDRESS: [illegible]

Film#G160 Item# 8 1/6/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11972

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A157

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 156 Lennings Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) 156 Lennings Lane

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) M (Last) Sauers

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 20 1906

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemical plant operater

10b. KIND OF BUSINESS OR INDUSTRY: Edgewood Arsenal

11. BIRTHPLACE (State or foreign country): Baltimore Co Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Saures

14. MOTHER'S MAIDEN NAME: Fredericka ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-7160

17. INFORMANT AND ADDRESS: Mrs Henry Sauers 156 Lennings Lane.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Cerebral apoplexy — Interval Between Onset and Death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1953, to Dec 14, 1953, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H Burroughs MD Balto 6 Md 12-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-18-1953

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: Dec. 18-1953

REGISTRAR'S SIGNATURE: Mrs. M. E. Reifsnider

24. FUNERAL DIRECTOR: Loudon Funeral Home ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
   LENGTH OF STAY (in this place): 172 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sparrows Point
   STREET ADDRESS (If rural give location): 1005 "K" Street

3. NAME OF DECEASED (Type or Print): (First) WILL (Middle) (NMI) (Last) SCALES

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-27-96

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Building coke ovens

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): Reidville, North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 218-03-8719

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

5271

Immediate cause (a) CHRONIC PULMONARY EMPHYSEMA — 10 YEARS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) COR PULMONALE — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1953, to Dec. 6, 19 53, that I last saw the deceased on the date stated above, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M. D. — ADDRESS: CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — DATE SIGNED: 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/10/1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/7/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Twin River Beach | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gunder Ave. & Cherwin Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Twin River Beach
STREET ADDRESS (If rural, give location) Gunder Ave. & Cherwin Rd.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) C (Last) Schaumloeffel-Sr.

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: June 30, 1899 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician | 10b. KIND OF BUSINESS OR INDUSTRY: Signal Depot | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Schaumloeffel | 14. MOTHER'S MAIDEN NAME: Emma Munech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 218-05-2333 | 17. INFORMANT AND ADDRESS: Mr. Harry C. Schaumloeffel, Jr. 6511 Beverly Rd

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion | 15 mn

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) / m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Wm J. Dwyer M.D. Deputy Coroner Dundalk-2 Md 12/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/23/53 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 12-22-53 | REGISTRAR'S SIGNATURE: A.W. Hedrich | 24. FUNERAL DIRECTOR | ADDRESS

Wm J. Tickner & Sons
Balto - 17 - Md.

dmr.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11975 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson X

LENGTH OF STAY (in this place) 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 06 Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY ~~Balto.~~

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 1202 Bonaparte Avenue

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Edwin	Vernon	Schickner	12	21	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Div.	5/4/1904	49 yrs.	7	17		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lithographer	U.S. Gov't.	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Schickner	Ida Wheeler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		214-03-4234	Edwin Schickner 1202 Bonaparte Ave. Baltimore 18, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary Tuberculosis — Interval Between Onset And Death: Approx. 3 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) — DUE TO (c)

002X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/11 ,1953, to 12/21 , 19.53, that I last saw the deceased alive on 12/21 , 19.53, and that death occurred at 10:15 a.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Kuntzman	Superintendent	Mt. Wilson, Maryland	12/30/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/23/53	Mt. Olivet Cemetery	Frederick Rd., Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/53	Hela M. Kerr	Fred Krause and Sons,	Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 44 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 323 N. Monastery Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	L	SCHMUCK	December 1 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	8/19/21	32 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Maryland Drydock	Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John L.Schmuck	Loretta McManey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes WW-II	213 16 3752	Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) ACUTE MYELOID LEUKEMIA	4 Months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) MULTIPLE DECUBITI — DUE TO	3 Weeks
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-18-53	Laminectomy T-4,5,6 - 11-20-53 Debridement of decubitus wound	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 18, 1953, to Dec. 1, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 10:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M.H.TRAVERS, M.D., Chief, Professional Services,	VAH, Fort Howard, Md.	12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-5-53	Cathedral Cemetery	Balto, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Bernard Harle Funeral Home	121 E. West St. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . . .

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLGATE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7832 EASTERN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLGATE
STREET ADDRESS (If rural, give location) 7832 EASTERN AVE.

3. NAME OF DECEASED: (Type or Print) (First) LUKE (Middle) M (Last) SCHMUCKER

4. DATE OF DEATH: (Month) DEC. (Day) 21 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: MARCH-27-1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINISTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CANTON OHIO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEO. M. SCHMUCKER

14. MOTHER'S MAIDEN NAME: MARY PYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: VIRGINIA SCHMUCKER SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Thrombangitis Obliterans — 25 years

DUE TO (c) Hypertension — 25 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Broncho-Pneumonia — 4 days

19a. DATE OF OPERATION: 1930

19b. MAJOR FINDINGS OF OPERATION: Thrombangitis Obliterans. Amputation Leg.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1940, to Dec 21, 1953, that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Morris A. Jacobs MD 1010 North Point Rd - Baltimore Md 12/22/53

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL

DATE THEREOF DEC. 24-1953

NAME OF CEMETERY OR CREMATORY MT HOPE

LOCATION (City, town, or county) (State) PENDLETON, Co. W. VA.

DATE REC'D BY LOCAL REGISTRAR 12-22-53

REGISTRAR'S SIGNATURE A.W. Hedrich dmr.

24. FUNERAL DIRECTOR JOHN G CONNELLY

ADDRESS 418 EASTERN AVE BALTO. 21, MD.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place) 1 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 Mulberry Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 57 Mulberry Lane

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) a (Last) Seward
4. DATE OF DEATH (Month) Dec (Day) 26 (Year) 1953
5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1890
9. AGE last birthday 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture Operator
10b. KIND OF BUSINESS OR INDUSTRY Movies
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James M Seward
14. MOTHER'S MAIDEN NAME Annie B Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Leah Taylor 2057 Annapolis

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE Leo M Kieffer M.D. (Degree or title) ADDRESS 1010 Leadenhall Balto 2 DATE SIGNED 12-26-53

CREMATION (Yes, No, or Specify) None | DATE THEREOF Dec. 30/53 | NAME OF CEMETERY OR CREMATORY Balto Nat. Cemetery | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG 12-29-53 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR AND ADDRESS Wm Brooke Ruggold 1463 N. Carey St

151

VS. A15A

MARGIN RESERVED FOR BINDING

TYPE OR PRINT IN UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville Md
   LENGTH OF STAY (in this place): 2 yrs, 10 Months
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 616 N. Woodington Rd

3. NAME OF DECEASED (Type or Print): (First) Miss Jane (Middle) Rutherford (Last) Shepkard

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 14 - 69

9. AGE last birthday: 84 yrs. — If under 1 year: Months 3, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Zion - Cecil Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin T. Shepard

14. MOTHER'S MAIDEN NAME: Margaret Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 ~~2~~ X

Immediate cause (a) Cancer of Large intest — Interval Between Onset and Death: 4 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Colostomy

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19 51, to Dec 10, 19 53, that I last saw the deceased alive on Dec 9, 19 53 and that death occurred at 4:50 A m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kies (Degree or title) M. D. ADDRESS: Cockeysville Md DATE SIGNED: Dec 10 53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE: 12/11/53 NAME OF CEMETERY OR CREMATORY: London Pk. LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 12.10.53 REGISTRAR'S SIGNATURE: Laura M. Schroeder

24. FUNERAL DIRECTOR: Wm Cook's - St Paul & Preston St ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11980

CERTIFICATE OF DEATH

Reg. Dist. No. 43.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. md — LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6321 Hazelwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. md
STREET ADDRESS (If rural, give location) 6321 Hazelwood Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) J. (Last) Shirley

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 10, 1878

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Balto City md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm H Shirley

14. MOTHER'S MAIDEN NAME: Mary C. Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Lyda Mason Towson md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1953, to Dec. 21, 1953, that I last saw the deceased alive on Dec. 21, 1953, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE: Adam G Lewis — (Degree or title) M. D. — ADDRESS 6232 Belair Rd — DATE SIGNED Dec. 22. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/24/53 — NAME OF CEMETERY OR CREMATORY Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. Dec 23-1953 — REGISTRAR'S SIGNATURE Mrs B. B. Kilpatrick

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 10yrs. 9mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO. OC
STREET ADDRESS (If rural, give location) 535 N. LUZERNE AVE

3. NAME OF DECEASED: (Type or Print) (First) JEANETTE (Middle) (Last) SIEGEL

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 3-26-1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 1 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK FOLDER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JACOB SIEGEL

14. MOTHER'S MAIDEN NAME: MARY ROSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: CARRIE SIEGEL 535 N. LUZERNE AVE. CITY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 4 2 0 . 1 (a) Anterior myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating underlying cause last (b) generalized arteriosclerosis and

DUE TO

(c) arteriosclerotic cardiovascular dis.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-11-53

19b. MAJOR FINDINGS OF OPERATION: Stone in Common Duct and Cholecystectomy done

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26-, 19 43 to 12-7-, 19 53, that I last saw the deceased alive on 12-7-, 19 53, and that death occurred at 8 P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Hal E. Edwards MD ADDRESS Spring Grove Hospital DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 12-11-53 NAME OF CEMETERY OR CREMATORY Balto. Hebrew Congregation Cem. LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REG. 12-9 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Philip E. Lueck ADDRESS 2716 E. Monument St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1382

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown, Md. — LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Hanover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 40 Hanover Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) D. (Last) Simpson

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1953

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Feb. 13/1877 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired | 10b. KIND OF BUSINESS OR INDUSTRY: R.R. | 11. BIRTHPLACE (State or foreign country): Baltimored | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Simpson | 14. MOTHER'S MAIDEN NAME: Sophia Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 177-07-7695 | 17. INFORMANT & ADDRESS: Mrs. Sadie Simpson | 40 Hanover Rd Reisterstown

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442X Immediate cause	(a) Rt. Hemiplegia	11 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive C-V. Disease	15 yrs.
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prostatic Hypertrophy	3 mo.

19a. DATE OF OPERATION: 9-22-53 | 19b. MAJOR FINDINGS OF OPERATION: Hypertrophied Prostate | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 12-24, 1938, to 12-23, 1953, that I last saw the deceased alive on 12-23, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: D.D. Caples | (Degree or title) M.D. | ADDRESS: Reisterstown, Md | DATE SIGNED: 12-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/26/53 | NAME OF CEMETERY OR CREMATORY: Baltimore | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REGISTRAR: 12-23-53 | REGISTRAR'S SIGNATURE: H.W. Jordan | 24. FUNERAL DIRECTOR: Philip Henry Lone | ADDRESS: 2024 Orleans St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11983

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halthorpe
LENGTH OF STAY (in this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1208 Francis Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1208 Francis Avenue

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) B. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year): 12-24-53 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1890
9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edw. Nickles
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Myrtle Liphard -2583 W.Fayette

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lung — 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1943, to Dec 24, 1953, that I last saw the deceased alive on Dec 22, 1953, and that death occurred at 11. 10a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Edward Yaffe M.D. 310 W Baltimore St 12/28/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-28-53
NAME OF CEMETERY OR CREMATORY: Cathedral Cem
LOCATION (City, town, or county) (State): Balto.

DATE REC'D BY LOCAL REG. 12-28-53
REGISTRAR'S SIGNATURE: Geo. W Hedrick
24. FUNERAL DIRECTOR & [illegible] ADDRESS
WIEDEFELD & SON
GREENMOUNT AVE & 22ND

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6

CERTIFICATE OF DEATH

Reg. Dist. No. 1384

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CatonSville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Nursing Home, Edmondson Ave. & Munnery Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural give location) 1918 Augustine Ave.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) H. (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 23, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Guard

10b. KIND OF BUSINESS OR INDUSTRY: Paul Jones Distillery—Balto. Md.

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry C. Smith

14. MOTHER'S MAIDEN NAME: Mary Wolkert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212 09 7042

17. INFORMANT & ADDRESS: Mrs. Edith E. Smith, 1918 Augustine Ave Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cerebral Hemorrhage & Paralysis — Interval Between Onset And Death: 4 hrs & 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertension, chronic — 1 yr

(c) Arterial Hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1953, to Dec. 18, 1953, that I last saw the deceased alive on Dec. 8 1953, and that death occurred at 8:12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 22/53

NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Pk.

LOCATION (City, town, or county) Dorsey, Md. (State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE A. W. Hedrick per H

24. FUNERAL DIRECTOR Harry A. Miller

ADDRESS 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (In this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7106 RAILWAY AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
STREET ADDRESS (If rural, give location) 7106 RAILWAY AVE.

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) R. (Last) SMITH
4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEM.	WHITE	WIDOWED	12 MARCH 1883	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MATRON	SHIP YARD	N. Y.	U.S.A.

13. FATHER'S NAME: HENRY BEEBE
14. MOTHER'S MAIDEN NAME: ELIZA J. HARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	214-24-0273	MILTON S. SMITH - 313 E ST. SPARROWS PT.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
1704 Immediate cause	(a) Carcinomatosis	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Breast (L)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arterio-sclerotic Heart dis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-1, 1953, to 12-5, 1953, that I last saw the deceased alive on 12-5, 1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. Wilson, M.D.	520 D St.	Dec 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-8-53	PARK WOOD	BALTO. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 8-1953	William M. Kelly	Walter Pinder Bradley	Dundalk, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 9
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Ingleside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 116 S. Calverton Rd

3. NAME OF DECEASED (Type or Print): (First) Karl (Middle) A. (Last) Sorge
4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1-14-1883
9. AGE last birthday: 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lt. Fisherman
10b. KIND OF BUSINESS OR INDUSTRY: Shipping
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: 215-01-6308
17. INFORMANT AND ADDRESS: Mrs Doering 116 S Calverton Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 332 x Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

Antecedent cause(s): Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1953, to 12-11-, 1953, that I last saw the deceased alive on 12-10, 1953, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE: Louis J Gloss (Degree or title) MD — ADDRESS 2730 n Charles st — DATE SIGNED 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-14-53 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG. [illegible] | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: George L. Schwab — ADDRESS 2101 Frederick Ave. Baltimore, Md.

A. M. Hedrick mnb

RECEIVED
DEC 1 1 1903
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11987

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3630 Lochearn Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3630 Lochearn Dr.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) M. (Last) STEVENS

4. DATE OF DEATH: (Month) Dec. (Day) 18, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 28, 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): feeder

10b. KIND OF BUSINESS OR INDUSTRY: Cigars

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. M. Miley

14. MOTHER'S MAIDEN NAME: Mary N. McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 172-05-6565

17. INFORMANT AND ADDRESS: Mrs. Helen M. Bereton-3630 Lochearn Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	1 year
	(c) Hypertension	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 19 50, to 12-18, 19 53 that I last saw the deceased alive on 12-18, 19 53, and that death occurred at 7 35 ? m., from the causes and on the date stated above.

SIGNATURE: Irvin Jaubes (Degree or title) M.D. ADDRESS: 3003 Garrison Blvd., Balto, Md. DATE SIGNED: 12-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 12/20/53
NAME OF CEMETERY OR CREMATORY: Mt. Bethel Cem.
LOCATION (City, town, or county) (State): Columbia, Pa.

DATE REC'D BY LOCAL REG.: DEC 19 1953

REGISTRAR'S SIGNATURE: Wm. Martin mnt

24. FUNERAL DIRECTOR: Wm. J. Vickner & Sons ADDRESS: Balto 17, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11988

Reg. Dist. No. 41

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A45

1. PLACE OF DEATH:

County: Balto.

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 1504 Jesper Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1504 Jesper Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ray Stolliker

3.(b) Social Security Number 213-07-1105

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Agnes Stolliker

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 15th 1907

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
70				

9. Birthplace: New York (Town, county, and state)

10. Usual occupation: Rec. Dept. Sent Metal

11. Industry or business: Bethlehem Steel

FATHER 12. Name: John Stolliker

FATHER 13. Birthplace

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace

16. Informant: Agnes Stolliker

Address: 1504 Jesper Ave. Dundalk

17. Burial (Burial, cremation, or removal—Which?) Date thereof: 12-24-53 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Balto. Co.

18. Funeral director: [illegible] & Sons

Address: 124 St. Paul St.

19. 12-22-53 (Date rec'd by registrar) 19.. A. W. Hedrich dmr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 21 19 53 at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 19 49 to Dec 21 19 53 and that I last saw him alive on Dec 21 19 53

Immediate cause of death: Alveolar Carcinoma of Caecum — Abt — Duration: 5 years

Due to:

Due to:

Other conditions: 133X

(Include pregnancy within 3 months of death)

Major findings of operations: As above - Mercy Hospital — Date of op. Aug 13, 1949

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Howard Burns M.D. M. D. or other

Address: 59 Dundalk Ave. Balto 22 Md. Date signed: 12-21-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 58 (59)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   LENGTH OF STAY (in this place): 8 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 Edmondson Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   STREET ADDRESS (If rural give location): 13 Edmondson Ridge Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): FANNIE STONESIFER

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 1st., 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 1, 1895

9. AGE last birthday: 58 yrs.
   IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Chapman

14. MOTHER'S MAIDEN NAME: Mollie Womer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
   (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Chas. O. Stonesifer 13 Edmondson Ridge Rd. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rt Inguinal Hernia — No

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1950, to Nov 30, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 11:45 P.M from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] M.D. — ADDRESS: 3403 Garrison Blvd — DATE SIGNED: 12/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/4/53 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Woodlawn Baltimore Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 12-3-53 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville - 28, Md.

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4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #93 Heber Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) #93 Heber Ave.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) RENOLD (Last) STRAUSSER

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Mar. 31-1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Willard Strausser

14. MOTHER'S MAIDEN NAME: Emma Strauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Strausser (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Myocardial infarction	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	2 yrs.
	DUE TO (c) with myocardial damage & congestive failure	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 50, to Dec, 19 53, that I last saw the deceased alive on Dec 8, 19 53, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE Charles M Kern M.D. (DEGREE OR TITLE) ADDRESS 6801 Belair Rd DATE SIGNED Dec 12 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-15-53 — NAME OF CEMETERY OR CREMATORY Oak Lawn Cem. — LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 12-14-53 — REGISTRAR'S SIGNATURE A. W. Hedrick — **24. FUNERAL DIRECTOR** John G. Connelly — ADDRESS 418 Eastern Ave Balto 21 Md.

VS/A15 8-51

VST

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11191

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne, Md. — LENGTH OF STAY (in this place): 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3315 Washington Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne (27)
STREET ADDRESS (If rural give location): 3315 Washington Blvd.

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) Henry (Last) Tarlach

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 20, 1891

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Window Washer

10b. KIND OF BUSINESS OR INDUSTRY: Building Cleaning

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Tarlach

14. MOTHER'S MAIDEN NAME: Veronica Radcliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 221-14-1199

17. INFORMANT: 3315 Washington Blvd. Mrs. Josephine Tarlach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of right lung with metastasis — 7 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Dec., 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert J. Levicks M.D. — ADDRESS: 5305 East Drive Arbutus-27, Md. — DATE SIGNED: 12/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/9/53 — NAME OF CEMETERY OR CREMATORY: Second-Calvary — LOCATION (City, town, or county) (State): New York N.Y.

DATE REC'D BY LOCAL REG. 12-8-53 — REGISTRAR'S SIGNATURE: A.W. Hedrich dmr.

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville — LENGTH OF STAY (In this place) life — HOSPITAL OR INSTITUTION OR STREET ADDRESS Tyrie Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville — STREET ADDRESS (If rural give location) Tyrie Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Mortuna (Last) Tawney

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: May 16, 1873

9. AGE Last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home.

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Yhler

14. MOTHER'S MAIDEN NAME: Maranda Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Norris Riley, Cockeysville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause (a) Coronary Occlusion — 3 days

DUE TO (b) hypertension & arteriosclerosis — years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)

964.9

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture L. St. hip Nov. 1953

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1953 to 12-30, 1953 that I last saw the deceased alive on 12-29, 1953 and that death occurred at 6.45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Owen C. Cadell M.D. — ADDRESS Jessup Md — DATE SIGNED 12-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-7-54 — NAME OF CEMETERY OR CREMATORY Poplar Grove — LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REGISTRAR 25 Jan 1954 — REGISTRAR'S SIGNATURE Irene Armistead MacRae — 24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md.

5 1954

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARTIN RESTIVE FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Near Baltimore
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2003 Kernan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Near Baltimore
STREET ADDRESS (If rural, give location) 2003 Kirnan Drive

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Thomas
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Feb 10, 1868
9. AGE last birthday: 85 yrs. If under 1 year: Months 10 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer & Miner
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (State or foreign country): Wales
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Thomas
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Jacob R. Tabler 2003 Kernan Dr Baltimore 7, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Generalized Arteriosclerosis — Uncertain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No Operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1953, to Dec 22, 1953, that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 2 20 A m., from the causes and on the date stated above.

SIGNATURE: Joshua H. Armacost (Degree or title) M.D. ADDRESS 6419 Windsor Mill Rd Baltimore-7 Md DATE SIGNED 12/22/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/24/53
NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem.
LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 12/23/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm. J. Rickey & Sons ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11394 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Sparrows Point. | LENGTH OF STAY (in this place) 20 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3119 Whiteway Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE As. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W
STREET [redacted] (If rural give location) #1.

3. NAME OF DECEASED: (First) NANCY (Middle) EVELYN (Last) TIPPENS

4. DATE OF DEATH: (Month) DEC. (Day) 9. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec 27. 1870

9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Evans Co. Ga.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Brewton

14. MOTHER'S MAIDEN NAME: Elizabeth Futch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Nannie Lou Harper (address as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (443 X)	(a) Pulmonary oedema	4 hours
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Myocardial failure.	1 week
DUE TO		
	(c) Hypertensive Cardio Vascular disease	11 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Dec. 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 5:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin. M D. 6408 North Pt. Rd. Balto 19 - 12-9-53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 12-13-53 | NAME OF CEMETERY ~~OR CREMATORY~~ BREWTON | LOCATION (City, town, or county) CLAXTON, GA. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 14-53 | REGISTRAR'S SIGNATURE Dawson L. Harper

24. FUNERAL DIRECTOR Walter Brewton Bradley, Dunwoody, Ga ADDRESS

VS. A15

RECEIVED
DEC 1 1 1983
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 1995

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Worthington Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 315 Worthington Road

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) MICHAEL (Last) TRAGESER

4. DATE OF DEATH: (Month) Dec. (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Babe

8. DATE OF BIRTH: Sept. 22, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 2 Days 16 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Trageser

14. MOTHER'S MAIDEN NAME: Helen Corner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: William J. Trageser 315 Worthington Road Towson 4, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

Immediate cause (a) DUE TO Asphixia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 22, 1953, to Dec. 8, 1953, that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Laurence C. Cook M.D. 6805 York Rd 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 9, 1953 NAME OF CEMETERY OR CREMATORY Mt. Marie Cemetery LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 8, 1953 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

2093264455

DEC 11
BUREAU V. S.

36

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 402 W. Pennsylvania Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 402 W. Pennsylvania Ave

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) EMILY (Last) TREADWELL

4. DATE OF DEATH (Month) December (Day) 9 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 12, 1866

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Towson, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: J. Alexander Parlett

14. MOTHER'S MAIDEN NAME: Lucy Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Charles W. E. Treadwell, 402 Penna. Ave. Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-43X

Immediate cause (a) CARDIAC FAILURE — Interval Between Onset and Death: 36 HOURS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC & HYPERTENSIVE CARDIOVASCULAR DISEASE — YEARS

90 H.C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE, LEFT FEMORAL NECK — 9 MONTHS

CERTIFICATION APPROVED BY

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Field at Home

(CITY OR TOWN) (COUNTY) (STATE)

M. D. CHIEF OR ASST. MEDICAL EXAMINER

TIME OF INJURY (Month) Mar (Day) 14 (Year) 53 (Hour) 2 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell w Penn. Ave Towson 4, Md

22. I hereby certify that I attended the deceased from 4/28, 1952, to 12/9, 1953, that I last saw the deceased alive on 12/9, 1953, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald L. Somerville M.D. 25 W. Penna. Ave Towson 4 Md 12/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/11/53

NAME OF CEMETERY OR CREMATORY: Prospect Hill

LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: 12/10/53

REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: H. Cook, Inc. ADDRESS: 1217 N. Paul

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1138

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Donneybrook Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 207 Donnybrook Lane

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) PHILLIPS (Last) TUCKER

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: August 1, 1866

9. AGE last birthday: 87 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired- Service man

10b. KIND OF BUSINESS OR INDUSTRY: Business Machine Co.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. W. P. Tucker, Jr., Pittsburg, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Lung — Interval Between Onset And Death: 6 Months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of Stomach — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1951, to December 7, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. O'Donnell MD ADDRESS 750 Yorkrd Towson DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF Dec. 8, 1953 NAME OF CEMETERY OR CREMATORY Turner Funeral Home LOCATION (City, town, or county) Wilkinsburg, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 7, 1953 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland ADDRESS

VS. A15

RECEIVED
DEC 9 19
BUREAU V. S.

DR. JOHN A. NESBITT, Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1538

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 S. Belle Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville,
STREET ADDRESS (If rural, give location): 11 S. Belle Grove Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	GEORGE	TURNER	December 2, 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	widowed	5 - 11 - 71	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Liverpool, England	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Marion T. Watkins 11 S. Belle Grove Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
29 Immediate cause	(a) Myocardial infarction	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	3 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 1950, to Dec 2, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 1.20 P. m., from the causes and on the date stated above.

SIGNATURE: John A. Nesbitt, Jr. (Degree or title) M.D. ADDRESS: 1118 St. Paul St., Balto. 2 DATE SIGNED: 12-3-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12 - 4 - 53	Cedar Hill	Brooklyn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-3-53	A W Hoffman	John O. Mitchell & Sons, Inc.-1900 Eutaw Place

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-6

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN; LENGTH OF STAY (in this place) 6 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2305 POPLAR DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY YORK; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DELTA; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) EMMA. (Last) TWEEDLE

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Nov. 30, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEMAKER

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. GROFF

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: EMMA MISTER - DAUGHTER - 2305 POPLAR DRIVE BALTO. 7, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death: 3 DAYS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) HYPERTENSION — 6 YEARS

DUE TO (c)

H20.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1949, to Dec. 23., 1953., that I last saw the deceased alive on Dec. 23, 1953, and that death occurred at 1:48 P.M., from the causes and on the date stated above.

SIGNATURE: Edwin Y Bivens, M.D. (Degree or title) — ADDRESS: 8204 LIBERTY Rd. BALTO. 7, Md. — DATE SIGNED: 12/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/26/53 — NAME OF CEMETERY OR CREMATORY: Slate Ridge Cem — LOCATION (City, town, or county) Delta Pa. (State)

DATE REC'D BY LOCAL REGISTRAR: 12/26/53 — REGISTRAR'S SIGNATURE: August Konrad — 24. FUNERAL DIRECTOR: Chas. P. Lowell — ADDRESS: 6411 - Windsor Mill Rd

DEC 23 1953
BUREAU V. S.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12005 35

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 731 Martin Drive

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; STREET ADDRESS (If rural give location) 731 Martin Drive

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Ulsch

4. DATE OF DEATH: (Month) Dec. (Day) 2/53 (Year) 19

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: July 12, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cornelius Sullivan

14. MOTHER'S MAIDEN NAME: Mary Von Bokeran

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Joseph Ulsch, 731 Martin Drive Cat., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause — (a) Cerebral vascular Accident due to

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Advanced hypertension and arteriosclerotic cardiovascular disease with myocardial degeneration and decompensation.

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Oct, 1953, to 2 Dec, 1953, that I last saw the deceased alive on 2 Dec, 1953, and that death occurred at 5.15 PM, from the causes and on the date stated above.

SIGNATURE Emil H. Henning (Degree or title) M D ADDRESS 6d Wesmans Way DATE SIGNED 3 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Dec. 5/53; NAME OF CEMETERY OR CREMATORY Sacred Heart; LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 12-4-1953; REGISTRAR'S SIGNATURE A W Hedrick JST

24. FUNERAL DIRECTOR Harry H. Luitjte, ADDRESS 4101 Edmondson ave.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12601

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): St. Denis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1818 Main St.
MARYLAND LENGTH OF STAY (in this place): 59 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Denis
STREET ADDRESS (If rural give location): 1818 Main St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): SARAH ELIZABETH WAREHEIM

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 23, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Married	9/17/1894	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: James B. Bradley

14. MOTHER'S MAIDEN NAME: Margaret Sheldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	R.O. Wareheim 1818 Main St. St. Denis, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
1717 Immediate cause	(a) Toxaemia - Dehydration - vomiting -	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma - Cervix Uteri - Multiple	1 yr +
	DUE TO (c) Metastasis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma Cervix Uteri -	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 1928., to Dec 23, 1953, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frederic J. Bartlett MD	1014 Francis Gra. Balto 27	12-24-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/26/53	Meadowridge Mem.	Washington Blvd.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 24 53	[illegible]	Easton Sons	Catonsville, Md.

VS. A1F

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2502

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 S. Prospect Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 30 S. Prospect Ave.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) MARTIN (Last) WASIUK
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	MARRIED	1910	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OVER SEER
10b. KIND OF BUSINESS OR INDUSTRY: TEXTILE MILL
11. BIRTHPLACE (State or foreign country): MASS.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH WASIUK
14. MOTHER'S MAIDEN NAME: AMELIA MELTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 047-05-7264
17. INFORMANT: Mrs. J. M. Warnick - 30 S. Prospect Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) 420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11/52 to 12/25, 1953, that I last saw the deceased alive on 12/25, 1953, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elliot W. Johnson	MD	3432 Frederick Ave. Baltimore 29 Md.	12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-29-53	Cathedral Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-53	V E. Harry	George A. Fuhrman	Catonsville, Md.

VS-A15

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worc.
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Girdletree
STREET ADDRESS (If rural give location) 214-2

3. NAME OF DECEASED: (Type or Print) (First) HARRIE (Middle) L (Last) WATSON

4. DATE OF DEATH: (Month) December (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5/4/87

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Bayman

10b. KIND OF BUSINESS OR INDUSTRY: Oysterman

11. BIRTHPLACE (State or foreign country): Worcester Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Watson

14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 214 12 5588

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Dec. 4, 1953, that I last saw deceased alive on Dec. 4, 1953, and that death occurred at 9:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard M. Peacock, M.D.
ADDRESS VAH, Fort Howard, Md.
DATE SIGNED 12-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Dec. 7, 53 — NAME OF CEMETERY OR CREMATORY Baptist Cemetery — LOCATION (City, town, or county) (State) Girdletree, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Clay C. Denis Funeral Home, Snow Hill, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2004 33

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland
LENGTH OF STAY (in this place) 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland
STREET ADDRESS (If rural give location) Oakland Md. Road

3. NAME OF DECEASED: (Type or Print) (First) Ira (Middle) R (Last) Webb

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH: Febr. 26, 1880 — 9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Home W'k — 10b. KIND OF BUSINESS OR INDUSTRY? Own Home — 11. BIRTHPLACE (State or foreign country) Freeland Md. R.D. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Royston — 14. MOTHER'S MAIDEN NAME: Virginia Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Walter Webb Freeland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 30 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-53, 19.., to 12-5-53, 19.., that I last saw the deceased alive on 12-2-53, 19.., and that death occurred at 8:00 P.M. from the causes and on the date stated above.

SIGNATURE C. M. France — (Degree or title) M.D. — ADDRESS Parkton Md. — DATE SIGNED 12/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 8, 1953 — NAME OF CEMETERY OR CREMATORY Mt Lion Cemetery — LOCATION (City, town, or county) Freeland Balto. Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/7/53 — REGISTRAR'S SIGNATURE Charles L. Feeder — 24. FUNERAL DIRECTOR — ADDRESS J. Jacob Harlenstein, Manchester Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12005

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CATONSVILLE
MARYLAND
LENGTH OF STAY (in this place) 6 wks+
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVERNA PARK
STREET ADDRESS (If rural, give location) BOX-11-B

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) F. (Last) WELLENER

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 7-27-1872

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BASIL WELLENER

14. MOTHER'S MAIDEN NAME: FANNY DONOHUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: RECORDS SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CARDIO-RESPIRATORY FAILURE — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cau e stating underlying cause last — (b) ARTERIOSCLEROTIC HEART DISEASE — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 5 min. (b) unk.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 17, 1953, to 12-31, 1953, that I last saw the deceased alive on 12-31, 1953, and that death occurred at 1030 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Norris S. Nickinson M.D. Spring Grove State Hosp. 12/31/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1/5/54

NAME OF CEMETERY OR CREMATORY Loudon Park Cem

LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. January 2 1954

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. J. Pickner & Son ADDRESS Route 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12006

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. County — STATE MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN — LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 25 R.F.D. Sparrows Point Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickey Island Road; STREET ADDRESS (If rural, give location) Box 25 R.F.D. Sparrows Pt. 19 Md.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Thomas (Last) West

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4th 1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): work on Farm

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Agnes West Box 25 R.F.D. Sparrows Point 19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - respiratory failure — Interval Between Onset and Death: 3-4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - sclerotic Cardio - Vascular Disease — Interval Between Onset and Death: Undefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Dec 21, 1953, that I last saw the deceased alive on Dec 20, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert E. Faber M.D — ADDRESS Sparrows Point Md — DATE SIGNED 12-22-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 24/53 — NAME OF CEMETERY OR CREMATORY: St Stanislaus Cem — LOCATION (City, town, or county) (State): Balto. City

DATE REC'D BY LOCAL REG.: 12/23/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John M. Welby — ADDRESS: 401 S. Chester St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 12-107

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. Baltimore, 28, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 12
STREET ADDRESS (If rural, give location) 1523 Pentridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Stewart (Last) Westerman

4. DATE OF DEATH: (Month) December (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: ~~2/21/68~~ 2/1/1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Selah Mallory

14. MOTHER'S MAIDEN NAME: Margaret Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr. Andrew B. Westerman - 1523 Pentridge Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4220.1

Immediate cause (a) Auricular fibrillation

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Congestive heart failure

DUE TO

(c) Arterio-sclerotic cardio-vascular disease

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.-?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour, M.)

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14 19 53, to 12/14 19 53, that I last saw the deceased alive on 12/14 19 53, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Melvin M. Udel, M.D. Spring Grove State Hosp. 12/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec 22-1953

NAME OF CEMETERY OR CREMATORY Greenmount Cem

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE A. H. Hedrickson II

24. FUNERAL DIRECTOR Leonard J. Ruck

ADDRESS 5305 Harford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2,108

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dillon Heights Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Catonsville
STREET ADDRESS (If rural give location) Dillon Heights Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) LAWTON DUVALL WHALEY

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 28, 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 3/13/1896 | 9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Machine parts

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward M. Whaley

14. MOTHER'S MAIDEN NAME: Lillian M. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI 5/29/19

16. SOCIAL SECURITY NO. 215-12/3622

17. INFORMANT & ADDRESS: Mrs. T. V. Whaley Dillon Heights Ave. Balto. 7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) CARCINOMA OF THE LIVER (PRIMARY) — Interval Between Onset And Death: 3-4 MO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) 0
DUE TO (c) 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: OCTOBER, 1953

19b. MAJOR FINDINGS OF OPERATION: C ARCINOMA OF THE LIVER (PRIMARY)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT, 2, 1953, to DEC, 28, 1953, that I last saw the deceased alive on DEC. 27, 1953, and that death occurred at 9:00 A.M. from the causes and on the date stated above.

SIGNATURE J. Lloyd Lohman (Degree or title) M.D. ADDRESS 6348 FREDERICK ROAD. CATONSVILLE MD. DATE SIGNED 12/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/31/53 | NAME OF CEMETERY OR CREMATORY Baltimore Natnl | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 12-31-53 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Easton Bone ADDRESS Catonsville Md.

RECEIVED
JAN 1964
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2209

Reg. Dist. No. 1 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 14 / — LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 581 Carroll Island Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 14. Balto 20
STREET ADDRESS (If rural, give location) 581 Carroll. Rd

3. NAME OF DECEASED (Type or Print): (First) JACK (Middle) S. (Last) Wheatley
4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 18 1909
9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aircraft Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jos Wheatley
14. MOTHER'S MAIDEN NAME: Flossie Satterfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 194-05-1698
17. INFORMANT AND ADDRESS: Mrs Jack Wheatley 581 Carroll Island Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Wm D Davis M.D. — Dep. Med. Exam. — Dundalk R. Md — 12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/29/53
NAME OF CEMETERY OR CREMATORY: Rehobeth Cem
LOCATION (City, town, or county) (State): Elizabeth Pa

DATE REC'D BY LOCAL REG.: 1/2/54
REGISTRAR'S SIGNATURE: Faith Hurley
24. FUNERAL DIRECTOR — ADDRESS: Lasalm Funeral Home 7401 Belair Rd

BUREAU V.

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2110 4 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 727 North Chester Street

3. NAME OF DECEASED (Type or Print): (First) CARROLL (Middle) B. (Last) WHITTLE

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-18-84

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward D. Whittle

14. MOTHER'S MAIDEN NAME: Alice M. McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 212-03-4414

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	PULMONARY HEMORRHAGE	10 MIN.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	FAR ADVANCED CAVITARY PULMONARY TUBERCULOSIS	UNK.
	(c)		

CC2.X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Nov. 23, 1953, to Dec. 25, 1953, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Richardson
PAUL RICHARDSON, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 12-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/30/53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12-29-53
REGISTRAR'S SIGNATURE: a w Redmond

24. FUNERAL DIRECTOR: Charles Schemunek
ADDRESS: 2601 Madison Avenue, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12011

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-ATRA

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timmons Station
LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 324 Sollers Pt. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timmons Station Md
STREET ADDRESS (If rural, give location) 324 Sollers Pt. Rd.

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 2-22-83

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel mill

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Phillip Williams

14. MOTHER'S MAIDEN NAME: Rachel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Ruby Mrs 324 Sollers Pt. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 9 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. D. Davis M.D. Dept. State - Druid Park Dr. Md 12/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-24-53

NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem

LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG.: 12-22-53

REGISTRAR'S SIGNATURE: C. W. Hickman

24. FUNERAL DIRECTOR ADDRESS: Samuel W. Sullivan Jr. 1011 N. Arlington Ave Balto.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12012

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE X
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 NELSON Rd X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE X
STREET ADDRESS (If rural give location) 14 NELSON Rd.

3. NAME OF DECEASED: (First) ANNIE (Middle) FLORENCE (Last) ZAHN
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: APRIL 28-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CARROLL Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK HARVER
14. MOTHER'S MAIDEN NAME: DAHOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: MRS. HELEN Sheland - SYKESVILLE, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) CORONARY INSUFFICIENCY
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ARTERIOSCLEROTIC HEART DISEASE
DUE TO
(c) GENERALIZED ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1953, to 12/31, 1953, that I last saw the deceased alive on 12/30, 1953, and that death occurred at 9:00 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Samuel R. Scalia, M.D.
ADDRESS 1004 Reisterstown Road
DATE SIGNED 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 1-2-54
NAME OF CEMETERY OR CREMATORY KRIDERS
LOCATION (City, town, or county) (State) WESTMINSTER, Md

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Geo Nichols
24. FUNERAL DIRECTOR Charles H. Sewell - Pikesville Md
ADDRESS

VS-A16

RECEIVED
JAN 4 1954
BUREAU V. S.